

MENSTRUAL HEALTH & HYGIENE GUIDELINES

BOTSWANA

FIRST EDITION 2025



ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
BNYC	Botswana National Youth Council
BOCONGO	Botswana Council of NGOs
BOFWA	Botswana Family Welfare Association
CBDs	Community Based Distributors
CBOs	Community Based Organisations
CBS	Community Based Services
CMS	Central Medical Stores
COCs	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
DHMT	District Health Management Team
ECPs	Emergency Contraceptive Pills
FHD	Family Health Division
FP	Family Planning
FWEs	Family Welfare Educators
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IHS	Institute of Health Sciences
IHSP	Integrated Health Services Plan
IUCD	Intra-Uterine Contraceptive Device
MCH	Maternal and Child Health
MCBWE	Ministry of Child Welfare and Basic Education

MHH	Menstrual Health and Hygiene
MI	Male Involvement
MLGTA	Ministry of Local Government & Traditional Affairs
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MVA	Motor Vehicle Accident Fund
NAHPA	National AIDS & Health Promotion Agency
NDP	National Development Plan
NGO	Non-Government Organization
NPC	National Planning Commission
PACT	Peer Approach Counselling by Teenagers
PHC	Primary Health Care
PM	Post Menopausal
POCs	Progesterone Oral Contraceptives
RH	Reproductive Health
RNs	Registered Nurses
SB	Statistics Botswana
SDPs	Service Delivery Points
SRHR	Sexual and Reproductive Health & Rights
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SWASH	School Water, Sanitation and Hygiene
UB	University of Botswana
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

VDC	Village Development Committees
VHC	Village Health Committee
WHO	World Health Organisation

GLOSSARY OF TERMS

Term	Definition
Adolescence	The developmental phase between childhood and adulthood (ages 9–19). It is a critical life stage for establishing healthy behaviours and understanding bodily changes, including menstruation.
Hazardous waste	Waste that poses risks to public health or the environment, including infectious, chemical, pharmaceutical, pathological, radioactive, and sharps waste.
Hygiene	Practices and conditions that help prevent disease and maintain health, including cleanliness, safe waste management, handwashing with soap and hygienic disposal of menstrual materials.
Infectious waste	Waste materials contaminated with blood, body fluids, or pathogens (bacteria, viruses, fungi, or parasites) in quantities that can cause disease.
Menarche	A girl's first menstrual period, typically occurring between ages 10 and 16, with an average onset at 12.4 years.
Menopause	The stage in a woman's life when menstrual periods permanently stop, usually between ages 45 and 55. It is diagnosed after 12 consecutive months without menstruation and is preceded by perimenopause.
Menstrual cycle	The monthly sequence of hormonal and physiological changes preparing a woman's body for pregnancy. It includes ovulation and the shedding of the uterine lining when pregnancy does not occur. The average cycle lasts 28 days but ranges from 21–35 days.
Menstrual health	A state of complete physical, mental, and social well-being in relation to menstruation—not merely the absence of illness (Hennegan, 2021).
Menstrual health and hygiene (MHH)	A broad concept that includes menstrual hygiene management alongside systemic factors linking menstruation to health, education, gender equality, well-being, empowerment, and human rights (UNESCO).
Menstrual hygiene	Involves (i) informed and confident use of safe menstrual materials, (ii) adequate water and space for washing with soap, and (iii) private and dignified disposal of used menstrual products.
Menstrual health and hygiene-friendly facilities	WASH facilities designed to meet the needs of menstruating girls and women, including private toilets, washing areas, and safe disposal systems, across schools, workplaces, public spaces, and homes.
Menstrual materials/products	Items used to absorb menstrual blood, such as disposable pads, reusable pads, tampons, cloth, menstrual cups, or cotton wool.

Menstrual products and materials/sanitary waste	Used menstrual absorbents (pads, cloths, diapers, tampons, cups) containing blood, requiring safe handling and disposal.
Modern reusable pads	Reusable pads manufactured using approved and certified materials that meet safety and quality standards.
Menstruation	A natural biological process in which the uterus sheds its lining, resulting in blood flow through the vagina. It typically occurs monthly from puberty to menopause, except during pregnancy.
Perimenopause	The period leading up to menopause, involving hormonal fluctuations, which can cause symptoms such as irregular or heavy menstrual bleeding.
Pre-puberty	The two- to three-year period before puberty (approximately ages 8–10). This stage provides an ideal window to prepare girls and boys for the physical and emotional changes of puberty.
Puberty	A natural physiological process during which children develop into sexually mature adults. It includes emotional, social, and physical changes, such as the development of reproductive organs and secondary sexual characteristics.
Public place	Areas where people gather socially or commercially, such as parks, markets, bus stations, shopping centres, and other shared public environments (<i>The Journal of Public Space</i> , 2016).

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CHAPTER 1: INTRODUCTION

1.1 Background

Menstruation is a natural physiological process experienced monthly by adolescent girls and pre-menopausal women, signalling a healthy and functioning reproductive system (UNICEF & WHO, 2019). Beyond biology, menstruation has psychological, emotional, and social dimensions that shape girls' and women's well-being, participation, and dignity. Managing menstruation requires reliable access to appropriate menstrual products, clean water, safe sanitation and hygiene (WASH) facilities, private spaces for washing and disposal, and a supportive social environment. When these needs are unmet, girls and women face psychosocial stress, stigma, health risks, reduced mobility, absenteeism from school or work, and diminished participation in community life, all of which undermine their development potential.

Globally, an estimated 1.8 billion women and girls menstruate, with 300 million experiencing their period on any given day (UNICEF, 2019). However, menstrual health realities vary significantly across regions, with sub-Saharan Africa facing some of the most pronounced challenges. In many countries across the region, inadequate access to safe water, sanitation, and hygiene (WASH) facilities, coupled with the high cost and limited availability of menstrual products, results in widespread period poverty (Jaafar et al. 2023). Surveys from multiple sub-Saharan African countries consistently show that millions of girls miss school during their periods due to lack of pads, stigma, fear of leakage, or absence of private, functional toilets. Additionally, socio-cultural taboos remain prevalent in many communities, restricting girls' mobility, participation, and confidence during menstruation.

Health systems across the region often do not explicitly integrate menstrual health into sexual and reproductive health services, leaving gaps in education, counselling, and medical care for menstrual disorders. The situation is compounded by intersecting vulnerabilities linked to poverty, disability, humanitarian crises, and climate change, which further reduce girls' and women's ability to manage menstruation safely and with dignity. As a result, sub-Saharan Africa carries a disproportionate burden of menstrual-

related educational disruption, psychosocial stress, and reproductive health risks. Integrating MHH into WASH, education, gender, climate resilience, and health programming is therefore essential for advancing gender equality, human capital development, and broader sustainable development across the region.

In Botswana, a significant proportion of the population consists of women and girls of reproductive age, many of whom continue to face challenges in managing menstruation with dignity. These challenges stem from limited menstrual health knowledge, inadequate WASH infrastructure, especially in rural areas and informal settlements, limited access to affordable menstrual products, and persistent negative socio-cultural norms. Such gaps affect school attendance, workplace productivity, and overall health outcomes.

Improving menstrual health and hygiene (MHH) is essential for advancing Botswana's national development priorities, as it supports gender equality, strengthens human capital, and aligns directly with Vision 2036 goals related to prosperity, social inclusion, and sustainable human development. Enhanced MHH also contributes to global commitments, including SDG 3 by improving sexual and reproductive health and reducing menstrual-related complications, SDG 4 by reducing school absenteeism and enabling girls to participate fully in education, SDG 5 by challenging stigma and expanding opportunities for women and girls, and SDG 6 by increasing access to safe WASH facilities in schools, households, and workplaces. Furthermore, MHH advances SDGs 8, 11, 12, and 15 by promoting economic participation, improving workplace conditions, supporting environmental sustainability, and strengthening community resilience.

1.2 Botswana Context and Megatrends

Botswana faces several emerging megatrends that increasingly shape menstrual health outcomes and deepen existing inequalities. Climate change, characterized by recurring droughts, heatwaves, and widespread water scarcity directly affects access to clean water essential for menstrual hygiene and often disrupts school infrastructure and

household resources, making it harder for girls and women to manage their periods safely and with dignity.

Rapid urbanization and the growth of informal settlements have created communities where sanitation facilities, waste disposal systems, and affordable menstrual products are inadequate or absent, exacerbating period poverty for low-income households. Although digital transformation offers new opportunities for menstrual health education through online platforms, mobile applications, and social media, persistent digital divides, especially in rural areas mean that many girls remain excluded from accurate information and supportive digital communities (Bwalya et al. 2025).

The rising cost of living further constrains access to menstrual products, forcing many families to prioritize basic survival needs and leaving girls vulnerable to stigma, absenteeism, and unsafe alternatives. Additionally, demographic shifts, particularly Botswana's youthful population structure, place increased pressure on schools, communities, and health systems to provide sustained investment in menstrual health and hygiene to meet the needs of a growing cohort of adolescent girls. Collectively, these megatrends highlight the need for comprehensive, forward-looking strategies that integrate menstrual health into climate resilience, urban planning, digital inclusion, economic policy, and youth development agendas.

1.3 Persistent Gaps and Need for National Guidance

Despite existing policies and sectoral strategies in WASH, education, gender, and health, menstrual health and hygiene have not been comprehensively addressed in Botswana.

Gaps persist in:

- availability and affordability of menstrual products
- access to girl-friendly WASH facilities in schools and public spaces
- community knowledge and positive social norms
- workplace provisions for menstrual hygiene
- coordinated multi-sectoral planning and budgeting and
- integration of MHH in both development and emergency responses.

Fragmented efforts result in inconsistent service delivery and leave many girls and women without equitable access to essential MHH services. A comprehensive national framework would provide clear technical guidance, strengthen coordination across ministries, ensure accountability, support local innovation, and align national efforts with both Vision 2036 and global commitments.

1.4 Objective of the guidelines

The objective of the MHH guidelines is to provide clear, practical guidance for stakeholders at national, district, and community levels to design and deliver menstrual MHH programmes that are inclusive, culturally appropriate, and sustainable, ultimately promoting the health, dignity, and well-being of girls and women across Botswana.

Specifically, the guidelines aim to achieve the following:

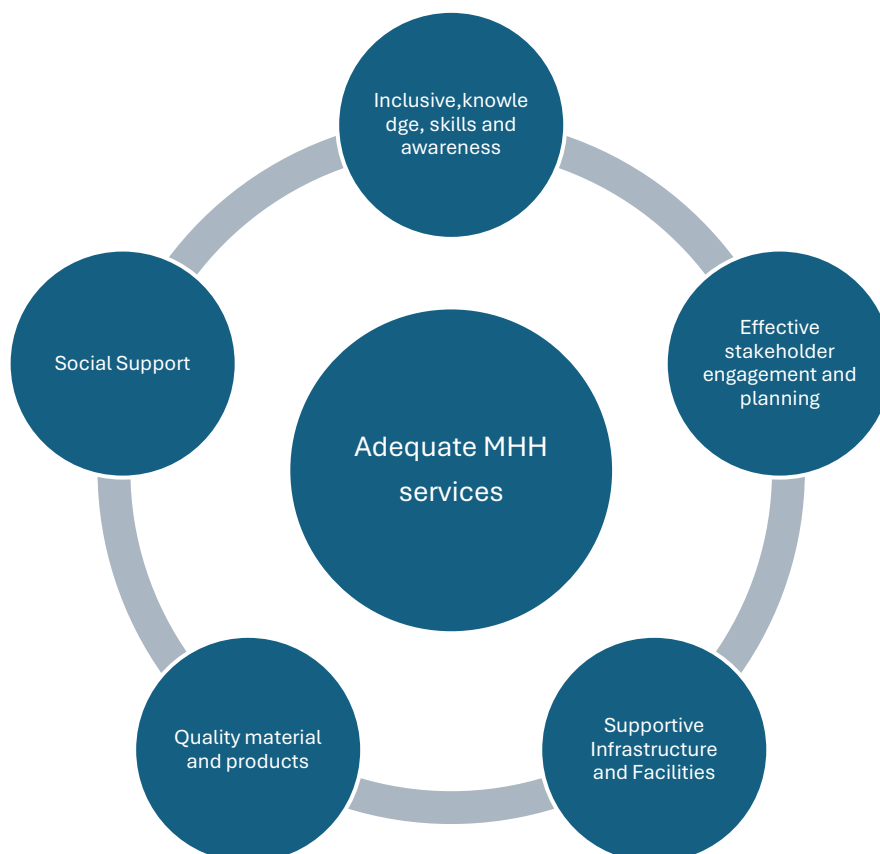
1. Provide direction on appropriate MHH education content and effective social and behaviour change approaches tailored to different target groups, including school learners, out-of-school adolescents, women, parents, teachers, and community leaders.
2. Outline the appropriate types, designs, and standards for menstrual products and related materials, including health and safety specifications, quality requirements, and guidance on local production, distribution, and marketing.
3. Offer technical guidance on essential WASH and support infrastructure, including requirements for water, sanitation, disposal systems, and the safe management of used menstrual products within schools, workplaces, health facilities, and communities.
4. Describe governance, coordination, and accountability mechanisms that strengthen stakeholder collaboration, planning, budgeting, implementation, and monitoring and evaluation of MHH initiatives at all levels of the national development system.

1.5 Scope of the guidelines

These guidelines outline five key pillars that collectively address the MHH needs of girls and women in Botswana, including those living with disabilities and other vulnerabilities. The scope covers support for individuals in schools, workplaces, health facilities, communities, and public spaces settings. It also integrates cross-cutting considerations such as legislative and institutional frameworks, monitoring and evaluation systems, and long-term sustainability mechanisms for MHH programming.

The five interlinked pillars that should form the foundation for adequate and holistic MHH services in Botswana (Figure 1) are:

Figure 1: Pillars of adequate menstrual health and hygiene services



1. Inclusive Knowledge, Awareness and Skills

This pillar promotes the integration of MHH education within schools, community programmes, and health services to build knowledge and practical skills for girls, boys, women, men, and the broader community.

2. Social Support

This pillar focuses on providing supportive social environments through public advocacy, community mobilization, and interpersonal communication aimed at fostering positive attitudes, reducing stigma, and encouraging healthy menstrual practices at home, in institutions, and in communities.

3. Quality Materials and Products

This pillar seeks to ensure equitable and sustainable access to safe, affordable, and acceptable menstrual products and materials for all women and girls, with attention to quality standards, cultural appropriateness, and inclusiveness.

4. Supportive Infrastructure and Facilities

This pillar emphasizes the need for accessible, gender-responsive WASH facilities; reliable water and hygiene supplies; safe and environmentally sound disposal systems for menstrual waste; and proper operation and maintenance of all supporting infrastructure.

5. Effective Stakeholder Engagement and Planning

This pillar underscores the importance of identifying key stakeholders, clarifying roles and responsibilities, and strengthening coordination mechanisms to support collaborative planning, implementation, and monitoring of MHH initiatives at all levels.

1.6 Users of the guidelines

Given that MHH is a multisectoral issue, these guidelines are intended for use by a broad range of stakeholders across government, civil society, communities, and the private sector. However, the primary users of these guidelines are learners and teachers in

schools across Botswana. The guidelines will support coordinated, inclusive, and effective MHH interventions throughout Botswana. Potential users include:

- a. Ministry of Health (lead Ministry)
- b. Ministry of Child Welfare and Basic Education (MCWBE) stakeholders including school children, teachers, school health committees, guidance and counselling units, and student leaders.
- c. Policymakers and decision-makers from relevant ministries such as the Ministry of Health, Ministry of Local Government & Traditional Affairs, Ministry of Youth & Gender Affairs and Department of Water & Sanitation.
- d. Regional and district structures, including District Health Management Teams (DHMTs), social welfare offices, education regional offices, and local authorities.
- e. Development partners, including UN agencies, such as UNFPA, UNICEF, UNDP, UNEP & UNIESCO and any other bilateral partners supporting health, education, gender, and WASH programmes.
- f. Organizations or centres for People Living with Disabilities, to ensure inclusive approaches to MHH for girls and women with disabilities.
- g. Non-governmental organizations (NGOs), civil society organizations (CSOs), and community-based organizations (CBOs) engaged in health promotion, gender equality, youth development, and community outreach.
- h. Private sector actors, especially those involved in the production, importation, distribution, or retail of menstrual products and WASH technologies.
- i. Research institutions and universities, for evidence generation, programme evaluation, and innovation.
- j. Health facilities and service providers, such as nurses, midwives, social workers, and community health workers.
- k. Community leaders, including traditional leaders, faith-based organizations, and parents' associations.
- l. Any individuals or groups with interest in MHH, including youth advocacy groups.

1.7. Organization of the MHH guidelines document

This document is organized into nine chapters. The first four provide an overview of key foundational elements, including the background, the current menstrual health and hygiene (MHH) landscape, the policy and legal environment, and mechanisms for stakeholder coordination. The remaining five chapters (Chapters 5–9) address the core pillars of MHH in detail, namely inclusive knowledge and skills, social support systems, menstrual materials and products, essential facilities and services, and monitoring and evaluation processes.

CHAPTER 2: STUATIONAL ANALYSIS

2.1 Global Perspective on Menstrual Health and Hygiene (MHH)

Menstrual health and hygiene are increasingly recognized as a critical public health, human rights, and gender equality issue worldwide. An estimated 1.8 billion women and girls across the globe menstruate, with approximately 300 million experiencing their period on any given day (UNICEF, 2019). This means that at any moment, a significant portion of the world's population requires safe, private, and affordable menstrual products, clean water, and adequate sanitation facilities to manage their menstruation with dignity (UNICEF 2019; World Bank 2022). Despite this widespread and natural biological process, global disparities in menstrual health persist. Around 500 million women and girls lack access to adequate menstrual products, safe sanitation infrastructure, and the essential knowledge needed for proper menstrual hygiene, a phenomenon widely known as *period poverty* (World Bank 2022; CARE 2021).

In many low- and middle-income countries, poor menstrual health is compounded by limited WASH (Water, Sanitation and Hygiene) services, socio-cultural taboos, and restrictive gender norms (Wilber et al.2022). Millions of girls, especially in Sub-Saharan Africa and South Asia, miss school during menstruation due to lack of sanitary pads, inadequate school toilets, or fear of stigma and embarrassment. Studies reveal that menstrual-related absenteeism can reach 20–50% in some regions, undermining educational attainment and reinforcing gender disparities (UNICEF 2021; WHO/UNFPA Joint Monitoring Programme 2020). The inability to manage menstruation safely also increases vulnerability to urinary tract infections, reproductive tract infections, toxic shock syndrome, and other health complications, which disproportionately affect girls and women living in poverty (World Vision 2020).

Beyond health and education, menstrual health is intricately linked to human rights and socio-economic participation. Global evidence shows that inadequate MHH undermines women's ability to participate fully in economic life, restricts mobility and opportunities, and perpetuates gender-based discrimination. The United Nations

highlights that menstrual inequality violates rights related to health, education, work, dignity, water, and sanitation, framing menstrual health as an essential human rights priority (UN Human Rights Council 2021).

The global landscape is also shaped by humanitarian crises, climate change, and increasing displacement. In refugee camps and conflict-affected regions, access to menstrual products and safe sanitation is often severely limited, placing women and girls at further risk of violence, exploitation, and health complications. Climate-related disasters disrupt water supply systems, sanitation infrastructure, and supply chains for menstrual products, making menstrual management even more challenging for affected populations.

Recognizing these challenges, international development frameworks and global advocacy movements have positioned menstrual health as an integral component of the Sustainable Development Goals (SDGs). The World Bank (2022) emphasizes that strengthening MHH systems requires multisectoral action across health, education, water and sanitation, gender, and social protection sectors.

Globally, momentum for menstrual justice continues to grow. Countries such as Kenya, Scotland, India, South Africa, and New Zealand have adopted progressive policies, including tax removal on menstrual products, free pad distribution in schools, and public awareness campaigns to dismantle stigma. International organizations, including UNICEF, WHO, UNFPA, and the World Bank, increasingly advocate for MHH to be mainstreamed into national development agendas, humanitarian responses, school health programmes, and public budgeting processes.

Meanwhile, significant gaps remain. Period poverty persists even in low and middle-income countries (Bwalya 2025). Stigma and shame continue to silence discussions about menstruation in many cultures. Data on menstrual health remains insufficient, limiting evidence-based planning. Most critically, millions of girls and women still lack the basic resources, supportive environments, and gender-responsive systems needed to manage their menstruation safely and confidently. Overall, the global outlook on MHH underscores an urgent need for coordinated investment, policy reform, inclusive

programming, and sustained advocacy. Addressing MHH is not only about managing menstruation, but also about safeguarding the dignity, health, rights, and future opportunities of half of the world's population.

2.2 Regional Perspective on Menstrual Health and Hygiene (MHH)

Across Africa, menstrual health and hygiene remains a major public health, education, and gender equality challenge, affecting millions of girls and women every month. The continent is home to more than 250 million adolescent girls and women aged 10–24, many of whom experience significant barriers to managing their menstruation with dignity and safety (UNICEF, 2022). Estimates suggest that over 120 million African girls lack adequate menstrual products, and approximately 40% of schoolgirls on the continent face difficulties accessing sanitary pads due to cost, availability, and cultural restrictions (UNESCO, 2019). These challenges contribute to widespread *period poverty*, which affects girls' health, mobility, educational performance, and overall well-being.

Access to safe water, sanitation, and hygiene (WASH) services remains a pressing concern across Sub-Saharan Africa. The WHO/UNICEF Joint Monitoring Programme (2021) reports that only 54% of schools in Sub-Saharan Africa have basic sanitation facilities, and fewer than 30% provide gender-responsive toilets with doors, water, and disposal systems suitable for menstruation management. As a result, many girls miss school during their menstrual period, some studies indicate absenteeism rates ranging from 20% to 50% in certain African countries, where girls may stay home for up to 3–5 days each month due to the lack of supportive school environments (UNICEF Eastern and Southern Africa, 2020). This has long-term implications for girls' learning outcomes, retention, and transition to higher education.

Cultural beliefs, stigma, and misinformation further compound menstrual challenges across Africa. In many communities, menstruation is surrounded by secrecy, myths, and taboos that restrict girls' participation in daily activities. Research shows that more than 65% of girls in East and Southern Africa lack adequate knowledge about menstruation before their menarche, leading to fear, anxiety, and harmful coping strategies (UNFPA

2020). Social norms that shame menstruation also discourage open dialogue, preventing families, schools, and health systems from providing adequate support.

Economic barriers remain a major driver of menstrual inequity. Many African households struggle to afford commercial menstrual products due to high poverty levels and rising costs of living. In countries like Kenya, Uganda, and South Africa, surveys have found that one in ten girls misses school because they cannot afford menstrual pads, while others resort to unsafe alternatives such as cloth scraps, newspapers, or leaves (Plan International 2020). Several African countries have responded by removing taxes on menstrual products or introducing free pad distribution programmes, but implementation remains inconsistent.

Southern Africa continues to face significant challenges in menstrual health and hygiene (MHH), with many girls and women lacking consistent access to affordable menstrual products, safe sanitation facilities, and supportive services. Period poverty remains widespread, particularly in rural and low-income communities where girls often rely on improvised materials such as old cloth or rags due to the high cost or unavailability of disposable pads. Across the region, inadequate WASH infrastructure, characterized by toilets without doors, limited water access, lack of soap, and poor waste-disposal systems, creates unsafe and undignified conditions for menstrual management. Consequently, many girls miss several days of school each month during menstruation, driven by stigma, fear of leakage, and the absence of private facilities to change or dispose of menstrual materials.

Girls and women with disabilities experience even greater barriers, as most facilities and programs are not adapted to their needs, and their menstrual challenges remain largely underrepresented in policy and data. Nevertheless, progress is evident in some countries; for example, certain South African provinces have introduced free sanitary pad distribution programmes through school health initiatives, and civil-society organisations across the region continue advocating for improved infrastructure, awareness, and gender-responsive MHH policies. These developments underscore the need for stronger multisectoral action that addresses menstrual health as an integral component of education, health, gender equality, and social inclusion, supported by

inclusive programming, affordable product provision, community education to reduce stigma, and reliable monitoring systems that capture the experiences of all girls and women, including those with disabilities.

Despite these challenges, positive momentum is growing across the continent. Governments, civil society organizations, and regional bodies such as the African Union are increasingly recognizing menstrual health as a development priority linked to human rights, education, gender equality, and economic inclusion. Several African countries including Kenya, South Africa, Uganda, Rwanda, and Zambia have introduced progressive policies, such as tax exemptions on menstrual products, national MHH strategies, and menstrual product distribution in schools (Calderón-Villarreal, 2023). Major regional programmes led by UNICEF, UNFPA, and the African Coalition for Menstrual Health Management are working to scale up MHH interventions, address stigma, improve WASH services, and build evidence for informed policymaking.

Nonetheless, the African perspective highlights that menstrual health remains underfunded and unevenly integrated into education, WASH, health, and gender policies (Bwalya, 2025). Addressing these gaps requires sustained investment, stronger policy frameworks, inclusive programming that reaches vulnerable groups, including girls with disabilities, rural populations, and those in informal settlements and cross-sectoral collaboration.

Overall, improving menstrual health and hygiene in Africa is essential not only for the dignity and well-being of girls and women but also for achieving broader development goals. Ensuring that every African girl and woman can manage her menstruation safely, confidently, and without stigma is foundational to the continent's human capital, social transformation, and sustainable development.

2.3 Botswana Context on Menstrual Health and Hygiene

Botswana has made notable strides in improving menstrual health and hygiene, particularly through the introduction of the national free sanitary pad initiative in 2025. This programme aims to provide free pads to schoolgirls up to age 19, including approximately 10 percent of beneficiaries living with disabilities. The initiative seeks to improve girls' dignity, enhance school attendance, and promote equitable access to menstrual health services. In total, the programme targets around 491,576 schoolgirls nationwide, reflecting a strong governmental commitment to safeguarding menstrual health as a fundamental right (UNFPA Botswana, 2025; Africa Press, 2025).

Despite these advances, access to menstrual products and supportive infrastructure remains uneven, especially in rural and underserved areas. Reports from districts such as Kgalagadi and Okavango indicate that girls without access to sanitary pads often rely on unsafe alternatives like cloth, newspapers, or toilet paper. In some rural schools, absenteeism linked to menstruation can reach 3–4 days per month, amounting to 30–40 missed school days annually, which significantly affects learning outcomes and retention (UNFPA Botswana, 2025; Guardians Sun, 2025).

Access to adequate WASH (Water, Sanitation, and Hygiene) facilities is another critical factor influencing menstrual hygiene. The UNICEF Botswana WASH Sector Analysis (2023) highlights gaps in school and community sanitation services, noting that many institutions lack gender-responsive toilets, running water, disposal bins, and other essential facilities needed for safe and dignified menstrual management. These structural deficits mean that even when sanitary products are available, girls may still struggle to manage menstruation effectively, particularly in rural settings or in schools serving large populations.

While the 2025 pad distribution programme makes provisions for girls, there is currently no systematic, nationwide data on how effectively these students are reached or whether facilities are fully accessible. Similarly, no comprehensive data exist on menstrual-linked absenteeism across urban and rural schools, WASH facility coverage by district, or the extent to which MHH needs are met among marginalized populations.

These gaps indicate an urgent need for nationwide, disability-inclusive monitoring and evaluation, to ensure that all girls benefit from MHH interventions and that inequities in access are addressed.

In summary, Botswana has taken important steps toward improving menstrual health, particularly through free pad distribution in schools to give girls dignity and policy attention to inclusion. However, persistent gaps in WASH infrastructure, rural coverage, disability inclusion, and reliable national data limit the full effectiveness of these interventions. Addressing these challenges through comprehensive monitoring, investment in facilities, and inclusive programming is critical to ensuring that all girls in Botswana can manage menstruation safely, confidently, and with dignity.

CHAPTER 3: LEGAL AND POLICY FRAMEWORK FOR MENSTRUAL HEALTH AND HYGIENE IN BOTSWANA

3.1 Brief overview

In Botswana, although menstrual health and hygiene (MHH) is not explicitly mentioned in the Constitution, the country's human rights and policy environment provides a foundation that supports MHH through broader rights, including dignity, health, water and sanitation, non-discrimination, and access to basic services (Botswana Human Rights & Poverty Research Network [SARPN], 2023; United Nations, 2025). The constitutional provisions protecting life, security, privacy, and legal protection implicitly safeguard the principle of human dignity, which can be extended to support claims for dignified menstrual health standards.

Botswana's legal commitments recognize the rights of all persons including women, children, and persons with disabilities to adequate living conditions, including access to safe water, sanitation, housing, and social services, all of which are essential for effective menstrual hygiene management (SARPN, 2023). Supporting disability inclusion, Botswana ratified the Convention on the Rights of Persons with Disabilities (CRPD), thereby committing to ensuring equal access to health, education, water, and sanitation services for persons with disabilities. This international treaty underpins initiatives to provide MHH support for girls and women with disabilities (United Nations in Botswana, 2025).

Gender equality and women's rights are central to Botswana's national policy discourse. The government emphasizes non-discrimination, access to health and reproductive services, and the empowerment of women and girls in line with national gender equality commitments and international obligations under instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (United Nations Office at Geneva, 2025). In 2025, Botswana formally committed to providing free sanitary pads to school-going girls, a landmark policy recognizing menstrual hygiene as a matter of dignity, human rights, gender equality, and access to education. The

programme, endorsed by development partners and international agencies, represents a step toward institutionalizing MHH support nationwide (United Nations in Botswana, 2025; Drupal, 2025).

Moreover, Botswana's approach to MHH increasingly adopts a multi-sectoral, rights-based framework. Coordination across health, education, water and sanitation, gender, and youth sectors aims to integrate menstrual health into broader social services. The 2025 sanitary-pad initiative was designed not only as a product distribution programme but as part of a wider commitment to ensure dignity, sustain education continuity, and reduce gender and social inequalities (Drupal, 2025).

Finally, national policies emphasize inclusivity and equity, paying attention to vulnerable groups, including rural populations, persons with disabilities, and socio-economically marginalized girls. These commitments align with Botswana's broader human rights obligations and international treaties, indicating that menstrual health is increasingly seen as a cross-cutting issue that intersects with health, education, gender equality, and social justice (SARPN, 2023; United Nations, 2025).

3.2 International Agreements

Botswana is a signatory to multiple regional and international instruments that safeguard the rights of women and girls, recognizing menstrual health and hygiene (MHH) as part of broader human rights commitments to dignity, health, well-being, and safety. Key instruments include the Convention on the Rights of the Child (CRC, 1990), which underscores the rights of girls to health, education, and protection, and the Vienna Declaration and Programme of Action (1993), which reaffirmed that the human rights of women and girls are an integral and indivisible part of universal human rights. These instruments highlight that the full and equal enjoyment of all human rights by women and girls is essential for their empowerment and social development (Table 1).

Table 1: International legal instruments and policy frameworks for MHH

Year	Instrument / Policy / Framework	Contributions to MHH
1979	Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	Promotes gender equality and non-discrimination, which underpins the right of women and girls to access menstrual products, sanitation, and reproductive health services.
1993	World Conference on Human Rights, Vienna / UN Declaration on the Elimination of Violence Against Women	Reinforces women's rights to health, dignity, and protection from gender-based violence; MHH aligns with these rights by ensuring safe and dignified menstrual management.
1994	International Conference on Population and Development, Cairo	Focuses on sexual and reproductive health and rights, emphasizing access to information and services, which includes menstrual health education and resources.
1995	United Nations Fourth World Conference on Women, Beijing	Advocates for women's empowerment, gender equality, and reproductive rights; supports integrating MHH into national policies and education programs.
1998	SADC Addendum to the 1997 Declaration on Gender and Development, Grand Baie	Addresses legal, social, economic, and cultural measures; education and awareness; and service delivery, providing a framework for integrating MHH into gender equality and women's health initiatives.
2005	African Continental Policy Framework on Sexual and Reproductive Health and Rights	Establishes continental guidance on SRHR services, supporting access to menstrual health education, products, and WASH facilities.
2006	Maputo Plan of Action	Operationalizes SRHR integration into primary health care, including menstrual health services as part of broader reproductive health programs.
2007	Africa Health Strategy 2007–2015	Promotes gender-sensitive health systems and elimination of gender-based violence; reinforces MHH as a critical component of adolescent and women's health.
2008	Convention on the Rights of Persons with Disabilities (CRPD)	Ensures inclusive access to health, education, WASH, and social services for persons with disabilities, directly supporting MHH access for girls and women with disabilities.
2015	Sustainable Development Goals (SDGs)	Goal 5 promotes gender equality and empowerment; targets include universal access to SRH services and elimination of

		harmful practices, which encompass MHH access and education.
2017	Revised SADC Protocol on Gender and Development	Strengthens regional commitments to gender equality and empowerment of women, supporting policies for access to menstrual products, sanitation, and education.
2018	SADC Regional Strategy and Framework of Action for Addressing Gender-Based Violence	Provides a framework to reduce violence and discrimination against women, including safe access to sanitation and MHH facilities, especially in schools and communities.

Additional international agreements of relevance to MHH in Botswana include the International Conference on Population and Development (ICPD) Programme of Action, 1994, which emphasizes reproductive health and rights; the Convention on the Rights of Persons with Disabilities (CRPD, 2008), which guarantees access to health, education, water, and sanitation for persons with disabilities, including girls and women; and the Beijing Platform for Action (1995), which advanced gender equality and women’s empowerment globally. Botswana has also aligned its policies with the Sustainable Development Goals (SDGs, 2015–2030), the Maputo Plan of Action (2007–2010) for sexual and reproductive health in Africa, and the Ngor Declaration on Sanitation and Hygiene (2015), which underscores the importance of equitable access to WASH services.

Furthermore, the global recognition of menstruation as a basic human right, as articulated by the United Nations High Commissioner for Human Rights at the 50th session of the UN Human Rights Council in June 2022, strengthens Botswana’s commitment to integrating MHH into national policies, educational programmes, and public health initiatives. Collectively, these instruments provide a strong legal and policy framework to guide Botswana in promoting safe, inclusive, and dignified menstrual health for all girls and women.

3.3. Related national policies and guidelines

This sub-section presents an overview of national policies and guidelines related to menstrual health and hygiene (MHH) in Botswana, reflecting a broad commitment to

promoting reproductive health, gender equality, and the rights of women and girls. While these policies provide a supportive framework for health and gender rights, none of the constitutional or policy documents explicitly address MHH. Consequently, the development of comprehensive MHH guidelines offers a timely and critical opportunity to mainstream menstrual health and hygiene across sectors, ensuring that the rights and needs of women and girls are systematically incorporated into national policies and programmes. Table 2 shows the levels of contributions of national policies to MHH.

Table 2: National policies and guidelines related to menstrual health and hygiene in Botswana

Year	Policy / Act / Framework	Contributions to MHH
1966	Constitution of Botswana	Provides fundamental rights and freedoms for all citizens, including dignity, life, liberty, and protection under the law, which implicitly support access to safe and dignified menstrual health management.
1964	Penal Code	Protects human and sexual rights, and access to healthcare for victims of sexual and gender-based violence, which underpins safe and supportive environments for MHH.
2008	Domestic Violence (DV) Act No. 15 of 2007	Provides mechanisms for protection, health care, and psychosocial support for GBV survivors; highlights the need for integrated services including access to WASH and MHH support for vulnerable women and girls.
2009	Children’s Act	Protects the rights and welfare of children, including girls’ access to education and health services, which is critical for supporting MHH and reducing school absenteeism during menstruation.
2011	Revised National Health Policy	Ensures equitable access to health services, including reproductive and sexual health, free or at minimal cost; supports MHH access through integration into public health services.
2013	Medicines and Related Substances Act	Regulates registration and distribution of medicines and health products; relevant for ensuring availability of menstrual products and hygiene supplies within the healthcare system.
2014	Forensic Procedures Act 31, S.I. 142	Establishes protocols for handling forensic material; indirectly supports MHH by strengthening health system infrastructure, including laboratory and health service standards that can integrate MHH considerations.

2015	National Policy on Gender and Development	Anchors gender equality in national development frameworks; promotes women’s and girls’ empowerment, which includes the right to dignified menstrual health.
2015	National Gender-Based Violence Strategy 2015–2020	Guides multi-sectoral interventions to eliminate GBV; ensures that MHH is included in supportive services for women and girls experiencing violence.
2016	Vision 2036	Recognizes gender equality and women’s empowerment as key to national development; supports mainstreaming of MHH in education, health, and social protection sectors.
2017	National Development Plan 11	Provides a roadmap for development (2017–2023), emphasizes investments in gender equality, health, and education; MHH aligns with SRHR initiatives and school retention goals for adolescent girls.
2021	National Guidelines on Health Services Integration	Integrates SRHR, HIV/AIDS, GBV, and other health services; provides a framework to embed MHH within multi-sectoral health service delivery.

3.4 Related legislations and regulations

Botswana has a relevant legal and regulatory environment that, while not explicitly naming “menstrual health and hygiene (MHH),” provides a strong foundation for MHH through broader rights related to health, dignity, sanitation, water access, and non-discrimination. For instance, public health and sanitation are covered under the Public Health Act (1971) and associated regulations (1983), which establish standards for water supply, sanitation, and hygiene in households, schools, and institutions, all essential for safe menstrual management. The Water Utilities Corporation Act (1970) and the Waste Management Act (1998) further ensure access to clean water and the proper disposal of waste, including menstrual products.

Botswana’s ratification of international treaties, notably the Convention on the Rights of Persons with Disabilities (CRPD, 2008), commits the country to inclusive access to health, education, water, and sanitation for persons with disabilities, supporting equitable MHH for girls and women with special needs. Additional regulatory mechanisms, including health facility licensing and workplace hygiene standards, ensure that both formal health systems and work environments provide safe, supportive infrastructure for menstrual health.

Table 3 shows the national legislations related to MHH and can be used to guide or enforce compliance with the standards on this subject.

Table 3: Legislations and regulations related to menstrual health

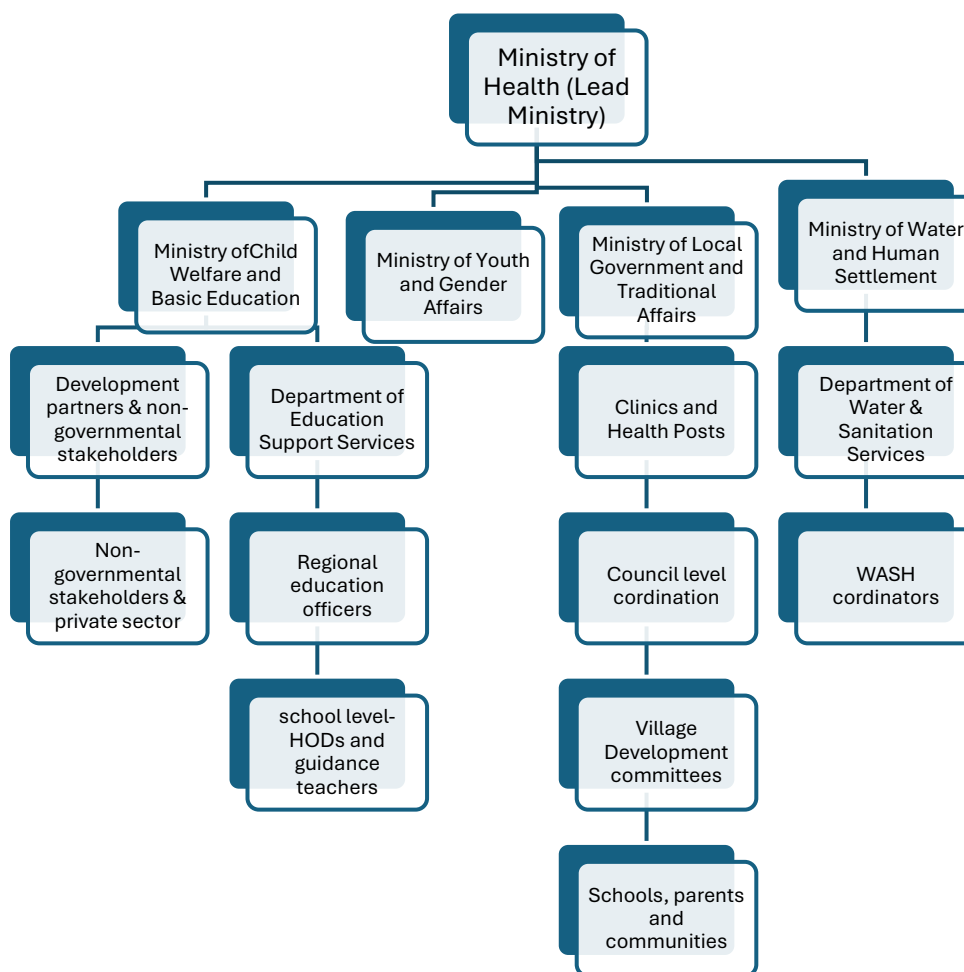
Year	Act / Regulation	Relevance to MHH
2015	Public Health (Sanitation) Regulations	Provides detailed standards for sanitation and hygiene in public and institutional settings, ensuring safe facilities for menstrual hygiene management.
2014	Forensic Procedures Act 31, S.I. 142	Governs collection, retention, and disposal of forensic materials; ensures standards in health facilities, indirectly supporting integrated services including MHH in GBV and health response.
2013	Medicines and Related Substances Act	Regulates registration, sale, distribution, and quality of health products, ensuring safe access to menstrual hygiene products through formal channels.
2011	Water Utilities Corporation Act	Regulates water supply and sanitation services; ensures equitable access to clean water, a critical component of MHH in households, schools, and communities.
2010	Health Professions Act	Regulates healthcare professionals and service standards, ensuring quality care in reproductive and sexual health services, including MHH education and clinical support.
2008	Domestic Violence (DV) Act No. 15 of 2007	Protects survivors of GBV and ensures access to health care, psychosocial support, and safe facilities, indirectly supporting MHH access and safety.
2009	Children's Act	Protects children's rights to education, health, and welfare, ensuring school-going girls' access to MHH services and sanitary facilities.
2008	Convention on the Rights of Persons with Disabilities (CRPD) – ratified	Guarantees equal access to health, education, and WASH for persons with disabilities, supporting inclusion of menstrual hygiene for girls and women with disabilities.
2007	Education Act	Mandates provision of basic education and safe school environments, indirectly supporting school-based MHH initiatives such as sanitary pad provision and WASH facilities.
2003	Occupational Health and Safety Act	Requires employers to provide safe, hygienic, and gender-responsive workplaces, including sanitation facilities for menstruating employees.

2002	Public Health Act	Mandates health promotion, sanitation, and hygiene measures, including WASH infrastructure in schools, health facilities, and public institutions, essential for safe MHH management.
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CHAPTER 4: MENSTRUAL HEALTH & HYGIENE PARTNERSHIP AND COORDINATION FRAMEWORK

Effective MHH management requires coordinated multi-sectoral engagement, with clearly defined roles and responsibilities for all actors involved. The national institutional framework outlines the specific functions of key government ministries, local authorities, civil society, development partners, and private sector stakeholders, illustrating how these entities can interact to deliver comprehensive MHH services. This framework provides guidance on collaborative approaches, ensuring that interventions are implemented efficiently, harmoniously, and in a manner that addresses the cross-cutting nature of menstrual health across health, education, water and sanitation, and gender sectors (see Figure 2).

Figure 2: Framework for supporting national and district level MHH coordination



Organogram description

The organogram illustrates the multi-sectoral coordination framework for MHH in Botswana. At the top is the Ministry of Health, serving as the lead coordinating body. It works in collaboration with other key ministries including Ministry of Child Welfare and Basic Education, Ministry Youth and Gender Affairs, Ministry of Local Government and Traditional Affairs, and Ministry of Water and Human Settlement.

Each ministry has specific operational arms: for example, the Ministry of Child Welfare and Basic Education coordinates with Education Support Services, which in turn works with regional education officers and school-level Heads of Departments (HODs) and guidance teachers to facilitate the distribution of sanitary pads at school level. Similarly, the Ministry of Local Government and Traditional Affairs collaborates with clinics and health posts, council-level coordinators, village development committees, and finally schools at the community level.

The Ministry of Water and Human Settlement through the Department of Water and Sanitation Services works with WASH coordinators to ensure access to safe water, sanitation, and hygiene facilities. Development partners, non-governmental stakeholders, and the private sector are linked to the education and health sectors, providing support and resources for MHH programs.

Overall, the organogram demonstrates the hierarchical yet interconnected structure of stakeholders at national, regional, and local levels, emphasizing collaboration across sectors to deliver comprehensive and sustainable menstrual health and hygiene services.

4.1 Roles and responsibilities of key stakeholders

MHH involves a wide network of institutions and actors working at different levels of service delivery. Ensuring comprehensive and effective MHH support across the country depends on coordinated efforts and strong partnerships among all relevant stakeholders. The Ministry of Health serves as the central coordinating authority, given its

primary role in overseeing national public health programmes. Table 4 outlines the responsibilities of these key players.

Table 4: Roles and responsibilities of multisectoral MHH stakeholders

List of stakeholders	Roles and Responsibilities
Ministry of Health	<ul style="list-style-type: none"> ▪ The MoH should provides national leadership for MHH, coordinates multisectoral stakeholders, and ensures that menstrual health is integrated into national health policies, strategies, and programmes. ▪ The MoH ensures the provision of menstrual health services, including counselling, management of menstrual disorders, and health promotion. It also delivers accurate, age-appropriate MHH information through health facilities and outreach programmes. ▪ The MOH should oversee the procurement, distribution, and availability of menstrual hygiene products and essential materials, prioritizing rural, disadvantaged, and vulnerable populations. ▪ The MOH should train health workers on menstrual health and maintains systems to track MHH indicators, conduct research, and assess the effectiveness of interventions for continuous improvement.
Ministry of Child Welfare and Basic Education	<ul style="list-style-type: none"> ▪ Ensure regular and equitable provision of sanitary pads to learners through effective distribution systems in all schools. ▪ Integrate menstrual health education into the school curriculum to provide accurate, age-appropriate information and reduce stigma.

	<ul style="list-style-type: none"> ▪ Build the capacity of teachers and school staff to deliver MHH education and provide supportive guidance to learners. ▪ Maintain MHH-friendly school environments by ensuring adequate WASH facilities, safe spaces, and policies that protect learners from stigma or discrimination.
Ministry of Local Government and Traditional Affairs	<ul style="list-style-type: none"> ▪ Coordinate community-level MHH activities through collaboration with clinics, health posts, council coordinators, VDCs, and schools. ▪ Support local planning and resource mobilization to strengthen delivery of MHH-related services at grassroots level. ▪ Facilitate community engagement and awareness by working with traditional structures and community committees. ▪ Link community needs with district and national systems to ensure schools and communities receive adequate MHH support.
Ministry of Youth and Gender Affairs	<p>Should:</p> <ul style="list-style-type: none"> ▪ promote gender equality and empowerment by advocating for menstrual health as a key component of girls’ and young women’s wellbeing. ▪ Coordinate youth-focused MHH programmes that educate and engage young people, including boys, to reduce stigma and promote positive attitudes toward menstruation. ▪ Support community outreach and awareness campaigns on menstrual health through youth centres, gender offices, and local youth structures.

	<ul style="list-style-type: none"> ▪ Strengthen skills and economic empowerment initiatives for young people, including training on producing reusable sanitary products and other MHH-related innovations. ▪ Advocates for policy and resource allocation to ensure menstrual health is prioritized in national gender and youth development frameworks.
<p>Department of Water & Sanitation Services</p>	<ul style="list-style-type: none"> ▪ Provide clean, safe, and consistent water to schools, clinics, and communities to support washing, cleaning, and safe menstrual hygiene practices. ▪ Provide guidance on safe disposal methods, including bins, waste collection, and appropriate treatment or incineration systems. ▪ Conduct inspections, ensure compliance with national sanitation guidelines, and work with local authorities to address gaps affecting menstrual hygiene.
<p>Development partners & non-governmental stakeholders</p>	<ul style="list-style-type: none"> ▪ Provide funding, technical expertise, capacity-building, and research to strengthen national and community-level MHH programmes ▪ Advocate for menstrual equity, influence policy reforms, and support government efforts to integrate MHH into national frameworks ▪ Implement community-based awareness programmes, reduce stigma, and train teachers, health workers, and youth on MHH. ▪ Promote sustainable menstrual product solutions and ensure access to MHH services and products during emergencies, especially for vulnerable groups.

Local Government Authorities, Councils	<ul style="list-style-type: none"> ▪ Lead community education through schools, clinics, social workers, and VDCs. ▪ Support availability of menstrual products and basic MHH services, especially for vulnerable groups. ▪ Maintain safe toilets, water supply, hygiene facilities, and proper menstrual waste disposal systems. ▪ Work with health posts, council coordinators, NGOs, and community structures to implement and monitor MHH interventions. ▪ Include MHH in district development plans, budgeting, and monitor progress using community and school-level data.
WASH coordinators	<ul style="list-style-type: none"> ▪ Oversee availability of clean toilets, water supply, handwashing stations, and private spaces for changing and washing menstrual materials. ▪ Conduct awareness sessions and support schools, clinics, and communities with correct information on menstrual hygiene. ▪ Guide the installation and maintenance of disposal bins, incinerators, and safe waste collection methods. ▪ Regularly assess facility conditions, identify gaps (water shortages, broken toilets), and report for improvement. ▪ Work with councils, NGOs, schools, and health facilities to strengthen MHH programmes and secure resources for WASH improvements.
Department of Education Support Services	<ul style="list-style-type: none"> ▪ Integrate menstrual health into school health programmes, guidance and counselling, and life-skills education. ▪ Support schools with menstrual products, emergency supplies,

	<p>and referral systems for learners who need additional help.</p> <ul style="list-style-type: none"> ▪ Work with schools to ensure safe toilets, privacy, clean water, and proper disposal systems for menstrual waste. ▪ Track challenges learners face during menstruation, provide psychosocial support, and help schools implement interventions that keep girls in class.
Regional education officers	<ul style="list-style-type: none"> ▪ Provide guidance to schools on implementing MHH activities, policies, and standards across the region. ▪ Facilitate training for teachers, guidance officers, and school health teams on MHH and ensure schools receive menstrual products when available. ▪ Conduct school visits to assess toilets, privacy, water access, and disposal systems, and follow up on identified gaps. ▪ Collect and analyse data on period-related absenteeism, learner wellbeing, and MHH challenges to inform planning and interventions. ▪ Work with councils, health facilities, NGOs, and community structures to support schools and strengthen regional MHH initiatives.
School level-HODs and guidance teachers	<ul style="list-style-type: none"> ▪ Offer accurate information on menstruation, counsel learners, address stigma, and support girls experiencing period-related challenges. ▪ Ensure availability of emergency menstrual products, track stock, and organize MHH awareness activities within the school. ▪ Work with school management to maintain clean toilets, privacy,

	<p>safe disposal systems, and promote positive attitudes toward menstruation.</p> <ul style="list-style-type: none"> ▪ Identify learners missing school due to menstruation, support them through referrals or interventions, and keep simple records to guide action.
Clinics and Health Posts	<ul style="list-style-type: none"> ▪ Teach girls, women, and the community about menstruation, hygiene practices, menstrual disorders, and how to manage periods safely. ▪ Provide menstrual products during emergencies, treat menstrual-related health issues, and offer counselling for pain, irregular periods, or other concerns. ▪ Work with schools, councils, and community structures to conduct health talks, school health visits, and community awareness on MHH. ▪ Keep basic records on common menstrual health problems, identify trends (e.g., recurrent infections), and refer clients to higher-level facilities when needed.
Village Development committees	<ul style="list-style-type: none"> ▪ Lead community education on menstrual health, reduce stigma, and support open discussions about menstruation. ▪ Work with clinics, schools, councils, and NGOs to ensure girls and vulnerable households access menstrual products and basic hygiene support. ▪ Identify gaps in village water, sanitation, and waste disposal facilities that affect menstrual hygiene and report them to councils for action. ▪ Link community members with service providers, support local

	<p>initiatives (e.g., hygiene drives, product donations), and advocate for MHH in village development plans.</p>
<p>Schools, parents and communities</p>	<ul style="list-style-type: none"> ▪ Schools, parents, and community members teach girls and boys about menstruation, promote positive attitudes, and help break myths and shame. ▪ Ensure girls have access to pads and clean, private toilets with water, soap, and disposal bins at home, school, and in the community. ▪ Parents and teachers offer guidance, counselling, and understanding to help girls feel comfortable and confident during their periods. ▪ Work together to support girls so they do not miss school during menstruation by providing supplies, privacy, and a supportive environment.
<p>Religious leaders and other key influencers (tribal groups, cultural, custodians, age groups like young adults, elders)</p>	<ul style="list-style-type: none"> ▪ Share religious perspectives that address misconceptions, beliefs, and traditional norms surrounding menstruation. ▪ Safeguard and uphold cultural practices that support menstrual health, reproductive well-being, hygiene, and related rights. ▪ Help promote constructive social norms by encouraging positive behaviours and challenging harmful or outdated practices. ▪ Offer direction to girls, boys, and young people as they develop into responsible and respectful adults. ▪ Engage actively in educating communities and spreading information, including through social and behaviour change communication (SBCC), to

	influence and shape cultural attitudes.
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4.2 Coordination mechanism for national-level MHH stakeholders

This section outlines the coordination mechanisms that must be put in place to ensure the effective implementation of the Menstrual Health and Hygiene (MHH) programme. It highlights the roles, responsibilities, and collaboration strategies among key stakeholders, including; government ministries, local authorities, schools, health facilities, community structures, and development partners to ensure that MHH interventions are well-planned, adequately resourced, and sustainably delivered. The section also emphasizes the importance of clear communication, reporting systems, and monitoring frameworks to track progress, address challenges, and continuously improve the programme’s reach and impact at both community and institutional levels.

Coordination of MHH by the Ministry of Health aligns with the Integrated Health Strategic Plan (IHSP-2010-2020). A focal point will be established at the Ministry of Health, which will be the overall multisectoral coordinator

1. The MoH as the lead ministry will coordinate the multisectoral MHH agenda through a technical working group (TWG) comprising the government sectors and for non-government organizations
2. Key sector ministries will be coordinated by a TWG, responsible for Health Services, or an appropriate sector-wide committee. The composition of TWG will be expanded to include appropriate representatives from development partners and non-state actors including representatives from NGOs, academia and Civil Society Organizations.
3. Cognate ministries (MCWBE, MYGA, MLGTA, MWHS) should designate MHH sector coordinators, who would also liaise with the focal point to strengthen multisectoral coordination through dialogue.
4. Development partners and other non-state actors should be effectively represented at the respective sector TWGs and in stakeholder forums at all levels.

5. An all inclusive multisectoral MHH secretariat may be formed at the MoH to spearhead national MHH programmes

4.3 Coordination of district-level MHH stakeholders

To ensure strong effective implementation of MHH programmes and efforts, coordination throughout the service delivery continuum must be maintained. As a result, district-level coordination should follow the guidelines given below:

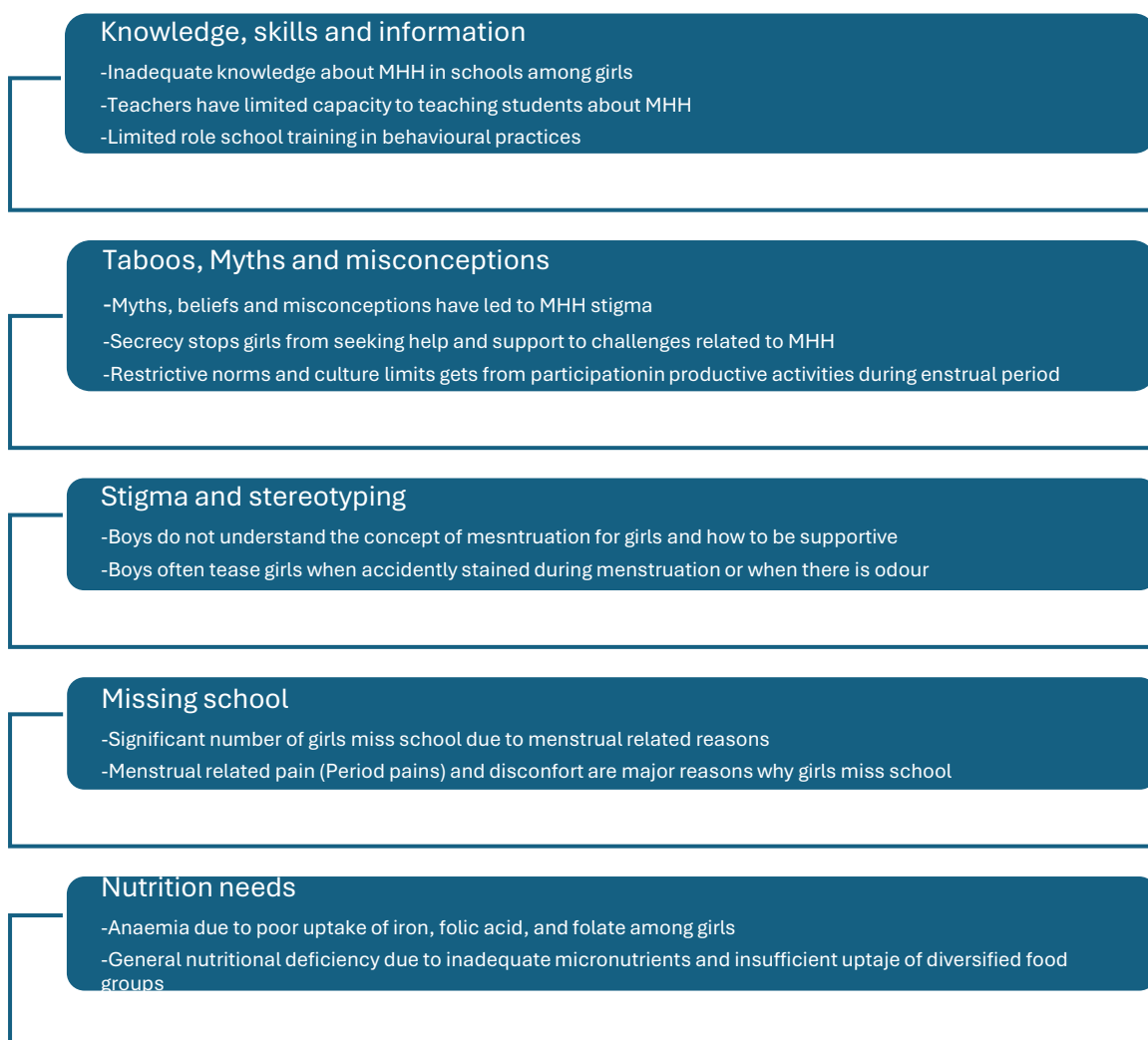
1. Designate the overall coordinator for MHH at local government level through councils and clinics. He/she should provide oversight of the related programmes, ensure MHH integration and engage in progress monitoring and evaluation, working alongside the relevant MCWBE departments.
2. Appoint two sector coordinators, one from the Ministry of Child Welfare and Basic Education (preferably the School Water, Sanitation and Hygiene (SWASH) coordinator) and one from the Department of Social and Community Development (S & CD) to lead planning and delivery of MHH services in schools and communities, respectively.
3. Support the preparation, consolidation, and sharing of MHH progress reports for discussion within the Council Health Management Team, Social Services Committee, and ultimately the full council under Local Government Authorities (LGAs). This should include updates on the performance and contributions of NGOs, as well as active engagement of representatives of persons with disabilities and other marginalized groups within the council's jurisdiction.
4. Ensure effective coordination between the MoH, MCWBE, S & CD, Department of Water and Sanitation Services, and Minister of Trade and Entrepreneurship, as well as with NGOs, in planning, supervising, implementing, monitoring, and evaluating MHH programmes, and in stakeholder forums at local and district levels.

CHAPTER 5: GUIDELINES ON INCLUSIVE KNOWLEDGE OF AND SKILLS IN MENSTRUAL HEALTH AND HYGIENE

5.1 Introduction

This chapter provides guidance on the holistic approach to the dissemination of knowledge and imparting skills related to MHH at all levels in Botswana, covering schools, communities, workplaces, and public places, as well as nutrition needs for menstruating girls and women and the link between MHH and SRHR. Figure 3 provides information on the status of MHH education in Botswana.

Figure 3: The status of MHH education in Botswana



The figure illustrates key challenges affecting MHH among schoolgirls, which can be grouped into five main thematic areas. First, there are gaps in knowledge, skills, and information. Many girls in schools have inadequate knowledge about menstrual health and hygiene, while teachers often have limited capacity to educate students on these issues. Additionally, school-based training plays a minimal role in promoting positive behavioural practices related to menstruation, leaving girls without essential guidance and support.

Second, cultural taboos, myths, and misconceptions continue to influence girls' experiences of menstruation. Persistent myths and cultural beliefs contribute to stigma, while secrecy around menstruation prevents girls from seeking help or support when facing MHH challenges. Restrictive cultural norms further limit girls' participation in productive activities during their menstrual periods, reinforcing social exclusion and discomfort.

Third, stigma and stereotyping remain significant barriers. Many boys do not understand menstruation and are therefore unable to provide support. In some cases, girls are teased when they experience accidental staining or when menstrual odour is noticeable, which perpetuates embarrassment and reinforces negative stereotypes around menstruation.

Fourth, menstruation has a direct impact on school attendance. A significant number of girls miss school due to menstrual-related reasons, with menstrual pain (dysmenorrhea) and general discomfort cited as major contributors to absenteeism. This not only affects learning outcomes but also reinforces gender disparities in education.

Finally, nutrition needs play a critical role in MHH. Anaemia is common among girls due to poor uptake of iron, folic acid, and folate, while general nutritional deficiencies result from inadequate micronutrient intake and insufficient consumption of diversified foods. These nutritional gaps exacerbate menstrual challenges, impacting girls' overall health, wellbeing, and ability to fully participate in school and community activities.

5.2 Comprehensive approach to MHH education

When providing menstrual health and hygiene (MHH) education, it is important to adopt a comprehensive and integrated approach. The World Bank (2022) emphasizes that effective MHH education should be built on three core pillars (Figure 4), each of which plays a crucial role in ensuring that girls receive well-rounded, meaningful, and practical support.

(a) breaking the silence

This requires knowledgeable and competent teachers or trainers at all levels who will deliver appropriate information and disseminate MHH education to learners that dispel myths and misconceptions on menstruation. Learners should also understand basic facts about pre-puberty, puberty, menstruation, the menstrual cycle, nutrition requirements during puberty and in the menstrual period and the management of pain and discomfort. Engagement of boys and men will enhance the care and support of adolescent girls and women during their menstrual period.

(b) safe menstrual hygienic practices

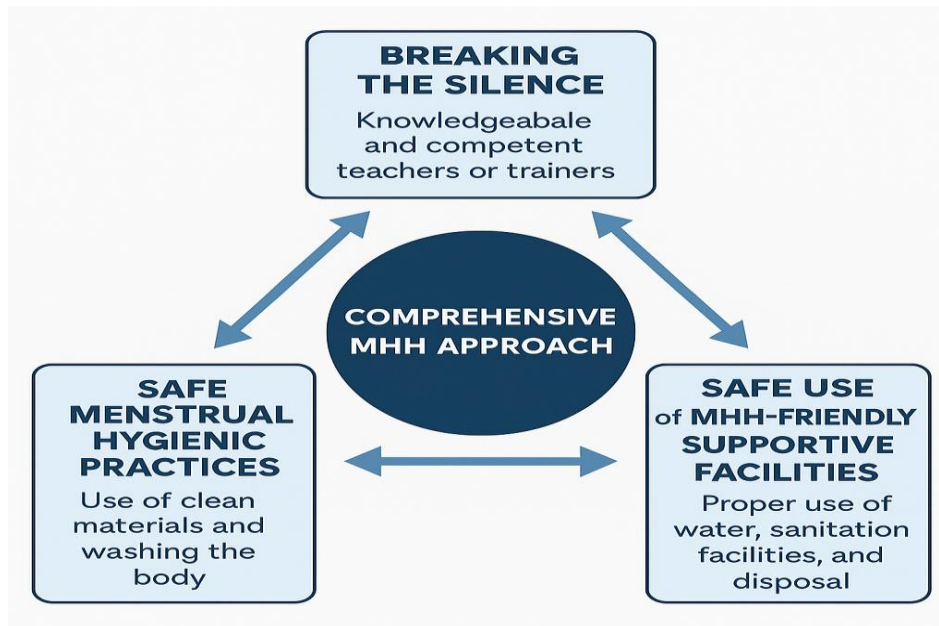
This entails the provision of knowledge and skills on the use of clean menstrual materials that absorb menstrual blood and can be changed timely, as often as necessary for the whole duration of the menstrual period and washing the body with water and soap, with dignity and comfort, without fear or stigma

(c) Safe use of inclusive MHH-friendly supportive facilities

This includes, the safe use of inclusive MHH-friendly supportive facilities, including disposal options that entails provision of knowledge and skills on the proper use of water and sanitation facilities. This concerns information on access to a safe toilet with privacy, water and soap for washing the body and to sustain general cleanliness

of the toilets and safe and convenient options for the disposal of used menstrual products and materials.

Figure 4: Comprehensive approach to MHH education



Source: Adapted from the World Bank (2022).

5.3 Nutritional requirements for MHH

Adolescence is widely recognised as a critical phase of human development, often described as the “second window of opportunity” during which optimal nutrition becomes essential for healthy growth (WHO, 2021). In Botswana, young people aged 10–19 experience rapid physical, cognitive, and reproductive development, making it important for them to consume a balanced and varied diet drawn from all six food groups, as recommended in the national dietary guidelines (FAO, 2004; Ministry of Health Botswana, 2019). A diversified diet that includes energy-giving foods, protective fruits and vegetables, body-building foods, dairy, fats and oils, and legumes ensures that adolescents receive the nutrients needed for sustained growth and wellbeing (UNICEF, 2021).

For adolescent girls specifically, improving nutrition is essential for reducing the burden of malnutrition, supporting a healthy and regular menstrual cycle, and minimising

symptoms associated with premenstrual disorders (WHO, 2021; UNICEF, 2021). Since menstruation naturally lowers iron levels, adolescent girls and women require higher intake of iron-rich foods such as beans, morogo, fortified cereals, meat, chicken liver, and green leafy vegetables to maintain healthy haemoglobin levels and prevent iron-deficiency anaemia (Ministry of Health, 2019). Additionally, high-energy foods help reduce menstrual fatigue, while nutrient-dense foods play a role in lowering inflammation and supporting hormone balance during the menstrual cycle (WHO, 2021).

In the Botswana school and community context, it is essential that teachers, trainers, and learners possess accurate knowledge and practical skills regarding healthy menstruation. This includes understanding safe menstrual hygiene practices, particularly the correct use and management of menstrual materials and products, as well as recognising the foundational role of good nutrition in promoting menstrual health. The following guidelines provide the framework for strengthening knowledge and practice in these areas:

- a. The Ministry of Health's Nutrition and Food Control Division, working closely with the Ministry of Child Welfare and Basic Education, need to strengthen nutrition education and counselling for adolescent girls, including those with disabilities, within schools. This will include teaching learners about the nutritional requirements needed to support healthy puberty, maintain a regular menstrual cycle, and prevent menstrual-related complications, in line with Botswana's Food-Based Dietary Guidelines.
- b. The Ministry of Lands and Agriculture (MoLA), in partnership with local authorities under the Ministry of Local Government and Traditional Affairs (MLGTA), need to develop and promote initiatives that expand access to nutrient-rich, locally available foods. These programmes will target adolescents to support their growth and development, while also improving menstrual health among girls through increased availability of iron-rich foods, fruits and vegetables, and other body-building and protective food groups.
- c. The Ministry of Health, through its adolescent and youth-friendly health services, and in collaboration with the Ministry of Youth and Gender Affairs in Botswana (MYGA), have to integrate education on dietary needs for healthy menstruation

into community-based programmes. This will ensure that out-of-school adolescents, including youth reached through health posts, clinics, and community outreach activities, receive accurate information on nutrition and menstrual wellbeing.

- d. All implementing partners, including non-governmental organizations, civil society groups, and development partners involved in producing educational materials on menstrual health and nutrition, will be required to obtain approval from the relevant authorities. These include the school feeding programme coordinating office and Ministry of Health technical committees for health-related content, to ensure alignment with national standards, the Food-Based Dietary Guidelines, and MHH policies.

5.4 MHH knowledge and skills in schools

Access to reliable, age-appropriate information on menstruation enables girls to navigate puberty and the onset of menarche with confidence. In Botswana, this includes teaching girls safe and dignified menstrual hygiene practices, such as the proper use of menstrual products, changing materials regularly, and accessing clean toilets that offer privacy, water, and soap. It is equally important that girls know when and how to seek help at local clinics or health posts if they experience severe menstrual pain or irregularities, so that they can receive timely assessment and treatment from qualified health workers. Strengthening knowledge in these areas helps prevent health complications, reduces school absenteeism linked to menstruation, and supports better academic outcomes. While girls and women remain the primary focus for building these skills, broader community awareness also plays a supportive role in fostering safe and healthy menstrual experiences. The secondary audience are:

- Peers, including pre-adolescent and adolescent boys
- Teachers, parents/guardians, and caregivers
- Community and religious leaders
- Public servants working in the education sector
- Civil society organizations

- Private sector stakeholders
- Research and development institutions and academia

The following are guidelines on improving knowledge and information-sharing in schools and teachers' training colleges or universities:

1. Headteachers, guidance and counselling teachers, matrons and head of departments should receive targeted orientation and continuing in-service training on comprehensive MHH education so they can confidently teach, model and cascade inclusive MHH information and practical skills to learners (including learners with disabilities). This aligns with the Botswana National School Health Policy and Procedures Manual's (1999) emphasis on strengthening school health teams and capacity at school level.
2. The Ministry of Child Welfare and Basic Education should ensure that pre-service and in-service curricula for science and biology teachers include practical, age-appropriate modules on puberty, menstrual physiology, nutrition for adolescents, safe use of menstrual products, and referral pathways so new teachers enter the classroom ready to deliver MHH content. Curriculum alignment should follow the revised science and biology syllabuses and teacher professional standards.
3. Textbooks, teacher guides and learner support materials for primary and secondary science/biology must be reviewed and updated to reflect current syllabuses and national guidance on MHH. MCWBE (with technical input from the Ministry of Health) and the Botswana Examinations Council (BEC) should coordinate the review to guarantee accuracy and accessibility across all schools.
4. Schools should promote debates, drama, songs, quizzes, role-plays, multimedia and school clubs (WASH, environment and MHH clubs) as routine platforms for raising awareness, reducing stigma and practising life skills. These activities support the School Health Policy's multi-sectoral, school-based approach to health education.
5. Government, through MCWBE and the Ministry of Health (MoH), working with the Office of the President and MLGTA and development partners, should mainstream MHH into national and international awareness days, school calendars and cross-sector campaigns to reinforce messages at community and policy levels.

6. School management should establish a discreet sickbay or resting area where adolescent girls can temporarily rest and receive comfort for menstrual pain. Matrons and caregivers must be trained in non-clinical support measures and in recognising when to refer to a health facility, in line with school health procedures.
7. Each school should keep a supervised first-aid kit that includes approved analgesics. Use of medicines must follow national medicine policy and be managed under guidance from local health professionals; headteachers, matrons and health teachers should be oriented on safe dosage, storage and record-keeping.
8. School and local health facility managers should agree on simple referral procedures and forms so learners with severe menstrual problems can access prompt assessment, investigation and treatment at nearby clinics or health posts. Referral mechanisms should be integrated into school health routines and monitored jointly by MoH and MCWBE.
9. MCWBE should add indicators for the existence and use of health referral forms, resting areas, and MHH education activities to school monitoring and inspection checklists to ensure implementation is tracked at district and national levels.
10. MCWBE and Office of the President should develop measures (housing, safety, professional development, and psychosocial support) that retain and protect female teachers in under-served areas so they can effectively support MHH and broader girls' education objectives.
11. All school MHH programmes should incorporate Botswana's nutrition guidelines, promoting the use of locally available, iron-rich and nutrient-dense foods so that MHH education addresses menstrual health together with adolescent dietary needs. MoH, MCWBE and the MoLA should collaborate with school feeding and nutrition programmes to operationalise this linkage.

5.5 MHH knowledge and skills in communities

At community level, the following guidelines should be adopted to improve MHH knowledge and skills.

1. Traditional leaders (dikgosi) should champion accurate MHH information and use kgotla meetings to reduce stigma and promote supportive cultural norms.
2. Village Development Committees should coordinate community awareness activities and integrate MHH into existing local programmes.
3. Parents and guardians need training to communicate openly about menstruation, combining cultural teachings with accurate scientific information.
4. Boys should be educated as supportive allies through youth clubs and gender-transformative programmes to reduce stigma and bullying.
5. Faith-based leaders should help dispel myths, promote dignity, and integrate menstrual health messages into church and youth programmes.
6. Clinics and health posts should regularly provide community education on menstrual hygiene, pain management, nutrition, and when to seek care.
7. Communities should preserve positive cultural values while addressing harmful beliefs using storytelling, drama, and respectful dialogue.
8. Communities should receive training on using and disposing of menstrual products, hygiene practices, pain relief, and understanding menstrual cycles.
9. NGOs and private companies should support community outreach, product distribution, and training while aligning with national guidelines.
10. Teach families about local iron-rich foods and Botswana's dietary guidelines to support healthy menstrual cycles and reduce fatigue.
11. Establish girl-friendly spaces in communities where girls can rest, get advice, and receive emotional support during menstruation.
12. District councils and communities should track progress, gather feedback through kgotla sessions, and address gaps in MHH support.

5.6 MHH knowledge and skills in public places

The following guidelines should be adopted to improve MHH knowledge and skills in public spaces.

1. Share clear menstrual health information in places like malls, bus ranks, libraries, and service centres using posters, digital screens, and Setswana translations.
2. Ensure public restrooms have water, soap, privacy, safe disposal bins, and clear instructions for menstrual hygiene and waste management.
3. Provide clean restrooms, disposal bins, and emergency pads at bus ranks and travel stations, supported by transport authorities.
4. Use *kgotla* meetings and markets for community awareness led by *Dikgosi*, councillors, and educators to reduce stigma and promote supportive norms.
5. Offer menstrual health information through wellness programmes, provide emergency pads, and ensure proper disposal facilities in public institutions.
6. Partner with NGOs and businesses to distribute MHH materials and run public education campaigns during national events.
7. Share nutrition guidance in public campaigns, highlighting local iron-rich foods based on Botswana's Food-Based Dietary Guidelines.
8. Leverage radio, social media, digital boards, and community TV to spread menstrual health messages in English and Setswana.
9. Provide braille, sign language interpretation, and easy-read materials to ensure people with disabilities access MHH information.
10. Establish MHH corners in libraries, youth centres, and halls with educational resources and emergency pads.
11. Include menstrual health themes in national and district outreach events to strengthen public awareness.
12. District councils should assess the availability and quality of MHH facilities and gather community feedback to improve services.

5.7 Integration of menstrual health (MH) into sexual and reproductive health and rights (SRHR)

Poor menstrual health has far-reaching consequences for the psychosocial wellbeing of girls and women in Botswana. Experiences of stress, shame, embarrassment, and social withdrawal during menstruation continue to limit many girls' ability to participate fully in school, community life, sports, and cultural activities. These challenges are closely linked to broader sexual and reproductive health and rights (SRHR) issues, as menstrual health directly influences girls' self-esteem, bodily autonomy, and capacity to make informed decisions regarding their reproductive health (UNFPA, 2021) (see Figure5).

During menstruation, the cervix opens slightly, and the natural mucus barrier is reduced, creating conditions that make girls and women more susceptible to infections if hygiene is inadequate. Poor menstrual hygiene practices such as using unclean materials, wearing the same pad or cloth for prolonged periods, unsafe washing practices, or douching, can introduce harmful bacteria into the reproductive tract. This may contribute to reproductive tract infections, pelvic inflammatory disease, and long-term fertility complications (WHO, 2018).

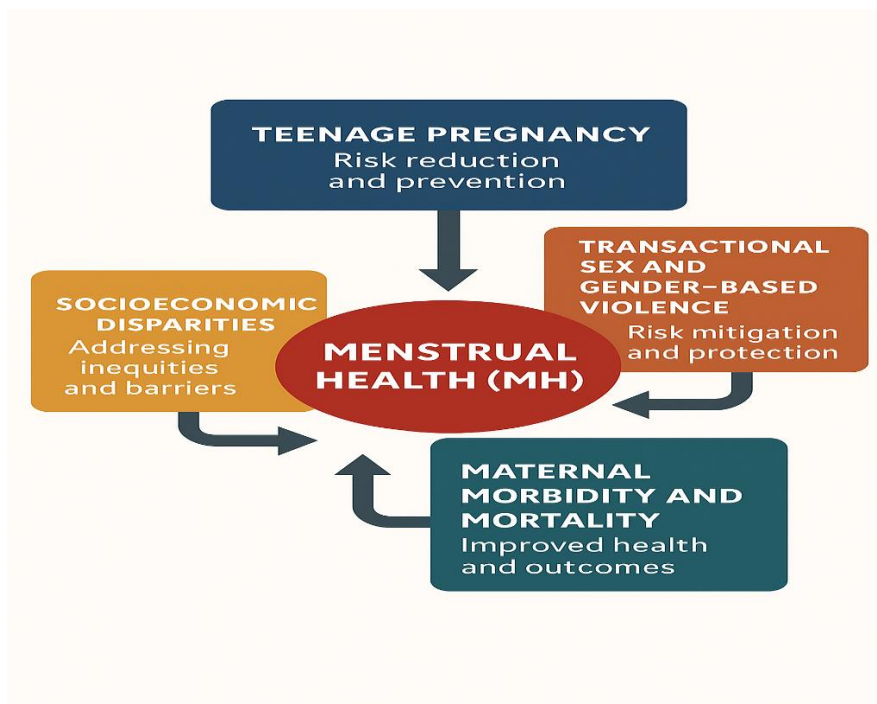


Figure 5: Pathways for integration of menstrual health & hygiene (MHH) into sexual and reproductive health and rights (SRHR)

Evidence also shows that unprotected sexual intercourse during menstruation increases the risk of transmitting or contracting blood-borne infections such as HIV and hepatitis B because viral concentrations are highest in blood compared to other body fluids (Reichelderfer et al., 2010; CDC, 2010). This underscores the importance of linking menstrual health education to comprehensive SRHR programming.

In Botswana, social and economic vulnerabilities can lead some adolescent girls to engage in transactional sex to obtain sanitary products or other basic needs, especially in contexts of poverty or limited household support. Such relationships are often unsafe, increasing the risks of unintended pregnancies, sexually transmitted infections, and exposure to sexual exploitation or gender-based violence. Limited understanding of the menstrual cycle also reduces girls' ability to recognise fertile periods, heightening the risk of adolescent pregnancy (UNICEF, 2020). These SRHR risks are further compounded by silence, stigma, and limited access to accurate menstrual health information.

Despite the central importance of menstruation in the lives of girls and women, public health and education systems have historically offered limited guidance on MHH. As a result, many girls grow up without the knowledge needed to understand their bodies,

manage menstruation safely, or exercise agency over their reproductive health decisions. Strengthening menstrual health literacy is therefore essential for empowering girls, fostering dignity, reducing SRHR-related vulnerabilities, and supporting their full participation in society.

Embedding MHH into Botswana's sexual and reproductive health and rights agenda is critical. A comprehensive, integrated SRHR approach covering schools, communities, health services, and public spaces can help prevent teenage pregnancy, reduce maternal morbidity, lower vulnerability to transactional sex and gender-based violence, and address socioeconomic disparities linked to poor menstrual health.

CHAPTER 6: GUIDELINES ON SOCIAL SUPPORT

6.1 Introduction

This chapter outlines key considerations for strengthening social support around menstrual health and hygiene (MHH). In the Botswana context, menstruation is still surrounded by silence and cultural sensitivities, often regarded as a taboo topic. These social and traditional norms contribute to stigma, discrimination, and limited opportunities for girls and women to access accurate menstrual health information and essential services (World Bank, 2022). Negative perceptions about menstruation further restrict open communication, creating barriers to reliable information and resources on MHH. Consequently, many girls and women adopt inadequate menstrual practices, which can lead to various health concerns (Lund University, 2018). Feelings of stress, embarrassment, and shame during menstruation also undermine women's psychosocial well-being. In addition, reliance on unsafe menstrual materials increases vulnerability to reproductive tract infections. Therefore, it is critical to promote comprehensive awareness and education on menstruation to ensure that girls and women can manage their periods with dignity, safety, and without prejudice.

Women's ability to obtain essential MHH services is closely tied to their economic circumstances. Access to menstrual products, clean water, sanitation facilities, and personal hygiene services often requires financial resources, making affordability a significant barrier for many. True empowerment for women is realised when they can participate fully in the labour force, earn their own income, and control financial assets. It also involves broader dimensions such as autonomy over their time, bodies, and life choices, as well as meaningful involvement in economic decision-making at all levels from household decisions to national leadership roles (UN Women, 2020). However, limited economic independence continues to restrict women's capacity to make informed choices or foster supportive environments that address their MHH needs. In many households, men retain authority over financial decisions, which can hinder women, daughters, and other female dependents from accessing the social and financial support necessary for proper menstrual health management (UNICEF, 2021).

6.2. Behaviour change models for MHH

In Botswana, efforts to strengthen menstrual health and hygiene (MHH) must respond to the social norms, cultural expectations, and structural inequalities that shape how girls and women experience menstruation. Social and behaviour change (SBC) approaches applied in the country should draw on both the Behavioural Drivers Model (BDM) and the Socio-Ecological Model (SEM) to understand and address the factors influencing MHH practices.

The Behavioural Drivers Model helps identify the psychological, social and environmental influences that shape menstrual behaviours. This includes people's attitudes and beliefs about menstruation, the influence of key reference groups such as family members, peers, teachers and community leaders, and the broader environmental context such as availability of sanitary products, WASH facilities and institutional support systems in Botswana's urban, peri-urban and rural settings.

The Socio-Ecological Model recognises that MHH behaviour is shaped by multiple, interconnected layers of influence. Within the Botswana context, five levels are important to address:

1. Policy, Society and Environment

At the policy and societal level, MHH is shaped by national laws, policies, cultural traditions and social norms that determine how menstruation is perceived and supported. Government decisions on WASH infrastructure, menstrual product access, education policies and public health priorities all influence the extent to which girls and women can manage menstruation with dignity. Broader cultural beliefs and social narratives across Botswana further affect whether menstruation is openly discussed or remains stigmatized.

2. Institutions and Services

Institutions and services including schools, clinics, local authorities, NGOs and community health structures play a central role in providing the information, facilities

and support required for effective MHH. The availability and quality of sanitation facilities, privacy, clean water, disposal systems and menstrual products depend on the strength of these institutions. Teachers, health workers and service providers influence girls' experiences by offering accurate guidance, responsive care and safe environments for managing menstruation.

3. Community Level

At the community level, shared beliefs, social norms and communal networks shape attitudes toward menstruation and influence whether girls feel supported or stigmatized. Community leaders, religious groups, youth clubs and neighbourhood structures contribute to the collective environment in which menstrual practices occur. These networks can either reinforce harmful taboos or promote open dialogue and supportive norms that improve menstrual health outcomes for girls and women.

4. Family and Friends (Interpersonal Level)

Family members, caregivers, siblings and peers form the immediate support system that directly affects menstrual experiences. Their attitudes toward menstruation influence a girl's confidence, access to products and willingness to seek help or discuss concerns. Positive communication from parents and peers encourages healthy practices, while misinformation or stigma within the household can limit knowledge and contribute to shame or secrecy around menstruation.

5. Individual Level

At the individual level, menstrual health is influenced by a person's knowledge, attitudes, confidence and practical skills in managing menstruation. Understanding menstrual cycles, product use, hygiene practices and pain management enables girls and women to manage their periods safely. Personal beliefs, self-esteem and comfort in seeking information or support also shape individual experiences, while biological factors such as age, menstrual flow and physical health further determine MHH needs.

When applying the SEM to MHH programming in Botswana, interventions should strengthen four core areas known to influence behaviour change:

- a. **Social support**-from families, peers, community leaders and institutions
- b. **Knowledge and skills**-accurate information, confidence and practical abilities
- c. **Facilities and services**-availability of WASH services, disposal systems and supportive school or workplace environments
- d. **Materials**-affordable and accessible menstrual products

Building meaningful social support for MHH requires social and behaviour communication (SBC) strategies that tackle individual and community-level barriers, challenge harmful norms and promote positive attitudes towards menstruation. Rooted in the socio-ecological model, this approach ensures that adolescent girls and women receive support from all spheres of their lives, households, peers, schools, workplaces, local leaders and broader community networks.

The SEM framework (Figure 6) highlights that menstrual behaviours are shaped by a dynamic interaction between individuals, their relationships, community structures and national systems. Therefore, Botswana's MHH programmes should organise the delivery of social support services across these levels to ensure coordinated, sustainable change in how menstruation is understood and managed.

Figure 6: Socioecological model for MHH (Botswana)



6.3 Guidelines for social support for MHH in Botswana

1. National and Government Level

The role of the national government is to create an enabling environment for menstrual health through strong policies, laws, and resource allocations. This includes establishing national MHH and WASH standards, funding menstrual product programmes, integrating MHH into education and health systems, regulating product quality, reducing stigma through national campaigns, and coordinating multisectoral partners to ensure equitable access to MHH services across the country.

2. Institutional Level (Schools, Health Facilities, Local Authorities, NGOs)

The role of institutions is to deliver practical MHH services and education by providing accurate information, safe WASH facilities, menstrual products, and responsive health services. Schools teach menstrual literacy and supply emergency products; clinics offer counselling and treatment; local authorities maintain sanitation infrastructure; and

NGOs support training, advocacy, and product distribution. Institutions act as the primary access points where girls and women receive consistent, structured MHH support.

3. Community Level – Role

The role of the community is to shape social norms and collective attitudes that influence menstrual experiences. Communities should promote open dialogue, challenge harmful cultural beliefs, support safe spaces for adolescents, and mobilise local leaders such as Dikgosi, religious leaders, youth groups and community clubs, to normalise menstruation. By fostering supportive norms and reducing stigma, communities create a social environment that empowers girls and women to manage their periods confidently.

4. Family and Interpersonal Level

The role of families, peers, and caregivers is to provide daily emotional and practical support for menstrual health. This includes offering accurate information, encouraging positive attitudes, ensuring access to menstrual products, supporting communication about menstrual needs, and involving male family members in fostering understanding and shared responsibility. This level ensures that girls and women receive reliable, immediate support that shapes their confidence and wellbeing during menstruation.

5. Individual Level

The role of the individual is to develop personal knowledge, skills, confidence, and agency to manage menstruation effectively. This includes understanding one's menstrual cycle, using products safely, practising good hygiene, recognising what is normal or concerning, and seeking health support when needed. Individuals contribute to their own menstrual health by cultivating positive attitudes, advocating for their needs, and engaging in behaviours that promote dignity and comfort.

CHAPTER 7: GUIDELINES ON MENSTRUAL HEALTH AND HYGIENE MATERIALS AND PRODUCTS

7.1 Introduction

This chapter outlines key information and guidance on menstrual health and hygiene (MHH) products commonly used in Botswana. It describes the types, compositions, and functional characteristics of materials used in the manufacture of modern reusable pads, disposable pads and alternative menstrual products such as menstrual cups. The chapter also highlights the regulatory frameworks, certification requirements and compliance standards that govern MHH products and materials, including those relevant to small and medium enterprises (SMEs) engaged in local production. The recommended product specifications and material standards are aligned to Botswana's national guidelines, as well as regional benchmarks used across Southern Africa and internationally. While Botswana acknowledges the emergence of new MHH technologies adopted in other parts of the world, their suitability must be assessed within the local cultural context and existing hygiene infrastructure. For example, menstrual cups require strict adherence to cleaning and sterilisation routines, which may be challenging in settings with limited water access or privacy; therefore, their promotion should be approached with caution to ensure safe and appropriate use.

7.2 Regulatory frameworks and compliance standards for MHH materials and products

In Botswana, menstrual health and hygiene (MHH) products are governed by a combination of national regulatory bodies and regional and international standards. The Botswana Bureau of Standards (BOBS) serves as the national authority responsible for developing standards and overseeing quality assurance, and manufacturers or importers are required to consult BOBS catalogues for applicable standards on sanitary pads, reusable products and WASH-related materials. The Botswana Medicines Regulatory Authority (BoMRA) regulates selected health products and medical devices, including


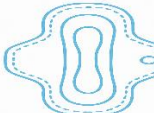
menstrual technologies that may require product evaluation, registration or listing before entering the market.




In addition to national oversight, Botswana frequently adopts or references regional standards, such as the South African Bureau of Standards (SANS/SABS) specifications—including SANS 1812 for reusable sanitary pads, which are widely used across Southern Africa for quality assurance. International agencies also provide important benchmarks: UNFPA, UNICEF and UNHCR technical specifications guide procurement and programme distribution of reusable pads and menstrual cups, ensuring safety, performance and durability. For internally used menstrual products like menstrual cups, ISO 10993 biocompatibility standards are essential, covering requirements for materials intended to come into contact with mucous membranes. Together, these regulatory frameworks and standards form the basis for ensuring that MHH products in Botswana are safe, effective, and appropriate for local use.

7.3 Types of MHH products

There are different types of MHH products that accommodate diverse needs and choices of menstruating women and girls, regardless of their social, physical and financial status. The common available MHH products in Botswana are highlighted in Table 5.

Table 5: Different types of menstrual products in Botswana

Product Type	Description	Picture
Disposable Sanitary Pads	Single-use absorbent pads widely available in shops, pharmacies, and supermarkets across Botswana.	
Reusable Cloth Pads	Washable pads made of layered fabric; cost-effective and environmentally friendly; suitable where water access is reliable.	

Product Type	Description	Picture
Menstrual Cups	Reusable medical-grade silicone cup inserted vaginally to collect menstrual fluid; requires careful cleaning.	
Tampons	Absorbent material inserted in the vagina to absorb menstrual blood internally; less commonly used in Botswana.	
Period Underwear	Absorbent underwear worn alone or with other products; washable and reusable.	

7.4 Materials for making MHH products

The rapid advancement of technology has led to significant innovation in menstrual materials, expanding the range of menstrual products available to women and girls in Botswana. These developments have introduced new options that vary in design, quality, durability and suitability for different social and environmental contexts. This subsection provides an overview of the menstrual materials commonly used in Botswana and the broader Southern African region.

7.4.1 Modern reusable pads

The production of high-quality reusable menstrual pads requires the use of specialised fabrics such as absorbent fibres, nonwoven materials, terry cloth, microfibre or other textiles with similar performance properties. These fabrics must be organised into three functional layers, each with distinct roles in absorption, moisture control and leakage prevention. Local manufacturers and small enterprises producing reusable pads are expected to follow national regulatory requirements established by the Botswana Bureau of Standards (BOBS), as well as relevant regional benchmarks such as South African Bureau of Standards (SANS) specifications for washable sanitary products. Compliance with these standards helps ensure that reusable pads are safe, durable, hygienic and suitable for the climatic and water-access conditions found across Botswana

7.4.2 Disposable pads

Disposable sanitary pads are engineered using several layers that work together to ensure comfort, effective absorption and leak prevention. These layers typically include a soft top sheet that allows fluid to pass through, an acquisition and distribution layer that helps spread the fluid evenly, an absorbent core that locks in moisture and a protective back sheet that prevents leakage. Although cotton has historically been a key component of absorbent materials, modern manufacturing increasingly incorporates processed and synthetic fibres such as rayon, wood pulp, polymers and non-woven textiles, to enhance absorbency, comfort and cost-efficiency (Barman et al., 2018; Mazharul Islam Kiron, 2012). These technological improvements have contributed to the wide availability of disposable pads in Botswana, where they remain the most used menstrual product among women and girls.

7.4.3 Menstrual Tampons

Tampons are made from natural or regenerated fibre, such as viscose, rayon, non-woven fabrics or cotton. The production of menstrual tampons should adhere to the types of raw materials and their characteristics, adhering to the procedures and regulations as stipulated by the Botswana Bureau of Standards.

7.4.4 Menstrual cups

Menstrual cups are made from three different substances, namely silicone, natural rubber and thermoplastic elastomer (TPE). With advancement in technology, there might be more raw materials invented in future (MeLuna USA 2018). The production of menstrual cups should make use of the types of raw materials.

7.5 Small and medium enterprises (SMEs) engaged in local production

Small and Medium Enterprises (SMEs) play an increasingly important role in Botswana's menstrual health and hygiene (MHH) landscape, contributing to improved access to affordable, locally produced menstrual products. These enterprises range from small community-based sewing groups to formally registered businesses such as Bloom

Sanitary Pads, Iron Lady Sanitary Pads (Euclea Crispa Pty Ltd) and hybrid social enterprises like Phetogo BW, which distributes reusable products and supports local production. Together, these SMEs manufacture reusable sanitary pads, distribute disposable pads, introduce menstrual cups and period underwear, and supply a growing variety of menstrual technologies. Their involvement often complements government and NGO efforts by reaching underserved communities, particularly in rural and peri-urban areas where access to commercial retail outlets may be limited.

Many SMEs in Botswana focus on reusable cloth pads, which are relatively inexpensive to produce and align with sustainability objectives. These enterprises typically source fabrics locally or regionally, sew pads in small workshops or home-based production units, and supply them to schools, NGOs, health facilities and directly to consumers. Well-known examples include Bloom Sanitary Pads and several women's cooperatives producing washable pads as part of livelihood programmes. Some SMEs also import alternative menstrual technologies such as menstrual cups and period underwear and sell them through pharmacies, markets and online platforms, expanding menstrual product choice beyond conventional disposable pads.

In addition to product manufacturing and distribution, SMEs contribute significantly to MHH education and awareness, often combining sales with community demonstrations on proper product use, hygiene and care. Their proximity to communities positions them as key actors in dispelling myths, providing accurate information and supporting adolescent girls and women to make informed decisions about menstrual management.

Despite their positive role, SMEs face barriers such as limited access to finance, challenges meeting Botswana Bureau of Standards (BOBS) quality requirements, high costs of certified raw materials and competition from large-scale imported brands. Access to accredited testing laboratories for product certification, particularly for absorbency, chemical safety and durability remains a technical and financial challenge. Furthermore, SMEs introducing internal products like menstrual cups may require additional regulatory oversight through the Botswana Medicines Regulatory Authority (BoMRA), depending on product classification.

Nevertheless, SMEs hold significant potential to strengthen Botswana's menstrual product market by enhancing local manufacturing capacity, promoting economic empowerment, especially for women and increasing product availability in remote areas. With targeted support, including training, equipment subsidies, access to testing services and partnerships with government and development agencies, SMEs such as Bloom Sanitary Pads, Iron Lady Sanitary Pads and emerging community cooperatives can become central actors in advancing menstrual dignity and improving MHH outcomes across the country.

7.7. Menstrual health and hygiene kit

In Botswana, any school, institution, organisation or individual involved in distributing MHH kits must follow nationally appropriate procedures for the safe, equitable and culturally sensitive supply of menstrual products. MHH kits should be designed with careful consideration of the needs of the intended recipients including age, disability status, socio-economic context, and the availability of water, sanitation and hygiene facilities, as well as the broader cultural norms surrounding menstruation. The goal is to ensure that every girl and woman receiving a kit is equipped with practical, safe and dignified solutions for menstrual management.

A basic MHH kit should include essential items that enable the user to manage menstruation safely under typical household or school conditions in Botswana:

1. Three pairs of well-fitting cotton underwear, suited to local climate conditions and available in neutral designs appropriate for school-aged girls.
2. If disposable pads are selected, the kit should contain enough pads to support at least three menstrual cycles. A clear mechanism for re-supply through school programmes or personal purchasing should be established.
3. If reusable pads are selected, the kit should include enough pads to last at least one year, alongside a durable zip-lock bag for temporarily storing used pads and a bucket with a fitted lid for soaking and washing. This is particularly important in rural areas where water sources may be shared or located at a distance.

4. An easy-to-understand information leaflet must accompany the kit, explaining product use, washing, drying, storage and safe disposal. Materials should be accessible to girls with visual impairments, either through large print, braille or audio-supported communication where possible.
5. A bar of soap should be included for handwashing, as hand hygiene is essential to safe menstrual management.

An advanced MHH kit is intended for situations where girls and women may face greater vulnerability such as those in remote settlements, emergency relief settings, or without reliable access to hygiene supplies. These kits may be provided through schools, social protection programmes or NGO initiatives.

1. Four pairs of well-fitting cotton underwear to increase convenience, especially where laundry facilities are limited.
2. Disposable pads (if selected) should be enough to last at least six menstrual cycles, with a clear and reliable re-supply plan established in coordination with local authorities or school management.
3. Reusable pads (if selected) should include a one-year supply plus a strong zip-lock storage bag and a bucket with a tight lid for washing and safe storage.
4. If menstrual cups are chosen, the kit must include a safe, durable metal pan for sterilisation after each cycle.
5. A user-friendly instruction leaflet explaining product use, care, and disposal, with formats accessible to persons with visual impairments (e.g., braille, large print or digital audio).
6. A pack of shaving blades, recognising that some girls may lack basic body-care items but that users must be trained on safe handling and disposal.
7. Bar soap or detergent for washing reusable pads and underwear.
8. Hand sanitiser for use when clean water or soap is unavailable, particularly in travel, outdoor or emergency contexts.
9. Body oil or lotion

7.8 Handling and disposal of used MHH products and materials

Botswana’s National Health Policy (2011) underscores the importance of effective health care waste management across all levels of the health system. The policy highlights that improper handling and disposal of health-related waste can lead to significant public health risks, contribute to environmental pollution and increase exposure to infectious materials for both workers and communities. Used menstrual products and materials fall within the category of sanitary waste and therefore require safe, controlled management throughout the entire disposal chain. This includes proper collection, temporary storage, transportation, treatment and final disposal in accordance with national waste management guidelines. Ensuring that disposal mechanisms for MHH products are safe, context-appropriate and aligned with the Botswana National Health Policy is essential to safeguarding the health, dignity and wellbeing of women, girls and the broader community. Table 6 below shows disposal mechanisms for MHH products.

Table 6: Disposal mechanisms for MHH products

Category	Disposal Mechanism
1. Handling and disposing of MHH products and materials at the individual level	<ul style="list-style-type: none"> • Wrap used menstrual products securely in paper with no openings • Keep a dedicated disposal bag exclusively for used menstrual products • Place the tied disposal bag into a waste bin with a lid located in the toilet or bedroom to reduce odour and insects • For reusable MHH products, pour used washing water into a toilet or soak-away pit • Open burning of menstrual waste is not permitted in urban areas.
2. Handling and disposing of MHH products and materials at the household level	<ul style="list-style-type: none"> • Ensure functional waste bins with lids are always available in toilets and bedrooms • Follow the local waste collection schedule strictly

	<ul style="list-style-type: none"> • When emptying household waste bins, hand waste to licensed collectors or deposit it at designated MHH waste collection points • In rural areas, menstrual waste may be disposed of through deep burial or in a pit latrine • Burning menstrual waste in urban households is prohibited unless a certified biomedical incinerator is available.
<p>3. Handling and disposing of MHH products and materials at institutions (e.g., schools, health facilities, markets, bus stations)</p>	<ul style="list-style-type: none"> • Ensure all toilets have functional lined waste bins with lids and standard waste collection equipment • Display pictorial posters in all female toilets with clear disposal instructions • Provide PPE for facility operators and cleaners handling MHH waste • Ensure constant availability of water and soap for handwashing and cleaning • Empty waste bins regularly to maintain cleanliness • Store collected waste only at designated areas; never leave it unattended elsewhere • Used menstrual products may be treated, incinerated, buried or handed to licensed waste collectors • Incinerator ash (fly ash and bottom ash) is hazardous and must be disposed of at central hazardous-waste sites • If no central site exists, construct a standard ash pit onsite or offsite • Transport of menstrual waste on public roads must only be done by licensed waste collectors.
<p>4. Handling and disposing of MHH products and materials in emergency settings</p>	<ul style="list-style-type: none"> • Authorities must apply appropriate healthcare waste management practices. • Follow correct disposal methods, including interim minimal standards where necessary.

- | | |
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| | <ul style="list-style-type: none">• Avoid open dumping under all circumstances.• Provide functional waste bins with lids in all female toilets.• Waste must be collected regularly—at least twice per week.• All infectious waste must comply with national protocols, or in their absence, WHO guidelines.• Transporting infectious waste increases risk; therefore, onsite disposal using simple, safe methods is strongly recommended (UNHCR, 2017). |
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CHAPTER 8: GUIDELINES ON MENSTRUAL HEALTH AND HYGIENE FACILITIES

8.1 Introduction

This chapter sets out the fundamental requirements for ensuring effective menstrual health and hygiene (MHH) management in Botswana. It highlights the importance of consistent access to clean and safe running water, suitable sanitation facilities, adequate hygiene supplies, and safe, context-appropriate waste-disposal systems across all environments. These standards are applicable in schools, workplaces, health facilities, public spaces, households, and in emergency or humanitarian settings to ensure that girls and women should be able to manage their menstruation with dignity, privacy, and safety. The chapter also provides practical guidance on the proper operation and maintenance of MHH-related infrastructure, including routine cleaning, timely repairs, ongoing monitoring of water services, effective waste-management procedures, and user-friendly systems that promote sustainability. By addressing both the physical infrastructure and the operational mechanisms needed to keep these services functional, the chapter aims to support institutions, service providers and local authorities in creating environments where menstrual needs are reliably and respectfully met.

Table 7: Sanitation facility provisions for effective MHH management

1. Schools, workplaces and public facilities should provide separate toilets for girls/women and boys/men, in line with Botswana's national standards. These facilities must offer full privacy and be fitted with secure lockable doors on the inside. Female and male units should be clearly separated, either by distance or screening to enhance safety, comfort and dignity for all users.
2. Toilets designed for persons with disabilities (PWD) must include accessible features such as ramps, handrails, raised seats, wide entrances, and clear signage using large fonts or images. Where appropriate, auditory guidance or

tactile cues should support users and caregivers to navigate the facility safely and independently.

3. Schools should provide a dedicated, private room equipped with basic amenities for menstruating girls, ensuring that learners have a safe and dignified space to change, wash and manage their menstruation during the school day.
4. A toilet is considered functional and appropriate for MHH only when it provides essential resources, including consistent access to clean and safe running water, soap, a bucket and container for anal cleansing, and a separate bucket for washing reusable menstrual materials. Without these basics, menstrual hygiene cannot be adequately supported.
5. Institutions and public places should establish reliable systems for supplying menstrual products, such as pad boxes, vending machines or small kiosks operated by private vendors, ensuring that girls and women can access MHH materials when needed.
6. All female toilet facilities must include red-coded disposal bins with liners for collecting used menstrual materials, together with a safe, hygienic and context-appropriate disposal mechanism that complies with local waste-management requirements.
7. Handwashing facilities with soap and clean running water must be readily available near toilets in schools, workplaces and public spaces to ensure proper hygiene before and after menstrual management.
8. Bathrooms and changing areas should include discreet drainage systems connected to a soak pit to manage wastewater that may contain menstrual blood, preventing blockages and maintaining hygiene.
9. Adequate lighting must be provided in all female toilets and MHH spaces, including at schools, workplaces and public facilities, to enable girls and women to manage menstruation safely, hygienically and with dignity.

Figure 7: An example of a menstrual health and hygiene facility for girls and women



8.2. Water supply needs for MHH management

Ensuring the availability of adequate, clean and safe running water is fundamental to the provision of menstrual health and hygiene (MHH) services across all settings in Botswana. Whether in schools, households, workplaces, health facilities, care homes, public spaces or humanitarian environments, reliable water supply is essential for women and girls to manage menstruation safely, hygienically and with dignity. Sustainable water services enable critical activities such as washing hands, bathing, self-cleansing, cleaning reusable menstrual products, laundering soiled clothing and supporting proper sanitation and waste-handling practices.

Table 8: Water supply needs for MHH management

1. Water from improved and safe sources such as safe clean water from Water Utilities Corporation. Other water sources for clean water could be protected boreholes, protected springs and rainwater harvesting (RWH) systems which must be readily accessible in all locations where MHH services are provided. These sources must supply sufficient, safe water to support daily menstrual management tasks for women and girls.
2. Female toilet facilities in schools, institutions and public places should have a reliable, sustainable water supply of *at least 20 litres per female user per day*, ensuring that menstruating women and girls can adequately wash themselves, clean reusable materials, launder soiled clothing and maintain personal hygiene.
3. Dedicated changing or rest rooms for adolescent girls, particularly in schools, must be equipped with a consistent water supply to remain functional. These rooms should enable privacy and support key activities such as bathing, self-cleansing and washing soiled garments or reusable pads.
4. Facilities serving girls and women with disabilities must include accessible, user-friendly water supply systems and fittings. This includes appropriately designed taps, lowered fixtures, easy turn handles and other features that ensure independent and dignified water access.
5. Women's and girls' toilets in workplaces, public spaces (such as markets, bus ranks, bars and transport hubs), health care facilities and emergency settings

must be equipped with a continuous, safe water supply and fully functional taps. This ensures that menstrual hygiene can be managed safely in all environments, including during crises or service disruptions.

6. Showers in schools, workplaces, public places and health facilities should be supplied with sufficient, sustainable water to support body cleanliness for menstruating women and girls. Access to bathing facilities is essential for comfort, dignity and infection prevention.
7. All water system fittings, especially taps, valves and connectors in high-use settings like schools and public facilities must be durable, easy to operate, vandal-resistant and suitable for users with disabilities. Regular inspection, repair and preventative maintenance are necessary to guarantee uninterrupted water availability and usability.

8.3. Sanitation and hygiene needs for MHH in public places and institutions

The availability and proper use of improved toilet facilities are essential for delivering safe, secure and dignified menstrual health and hygiene (MHH) services for girls and women across all settings. To uphold dignity and ensure user safety, the following standards should be maintained:

Table 9: Hygiene needs for MHH in public places and institutions

1. Toilets in institutions (other than schools) should be sex-specific and separated by distance or screens to ensure the convenience and safety of users (girls and boys, women and men).
2. Toilets for women and girls should have a washable but non-slippery floor, maintained very clean to avoid poor sanitation and prevent urinary tract infections, a hook to hang their clothes and bags, a mirror and a pad box.
3. Toilets in public places and institutions should be provided with mechanisms to access emergency sanitary pads, such as vending machines, privately managed kiosks with diverse MHH products and other related products such as soap, toilet paper, sanitizer and wipes.

4. Toilet facilities should always be well maintained with general cleanliness and ensuring availability of cleaning aids and agents, PPE and reminders for guiding the usage.

5. Toilets and bathrooms should have adequate light for users' visibility during the day and night and good ventilation.

6. In all female toilets, there should be a foot operated receptacle bin with a lid lined with a plastic bag for the disposal of sanitary pads.

7. Handwashing facilities should be positioned outside the toilet to allow immediate action after the girl/woman leaves the toilet and always include soap and water.

8. A full-length mirror (700 mm × 400 mm fixed at 200–300 mm from the floor level) should be provided in female toilets or special rooms to allow women and girls check stains on their clothes.

8.4. Design criteria for MHH facilities

This subsection provides detailed technical specifications for the design, construction and upgrading of menstrual health and hygiene (MHH) facilities across different settings. It outlines the minimum standards required to ensure that girls and women have access to safe, private, functional and user-friendly spaces for managing menstruation with dignity. The specifications presented here include requirements for water supply, sanitation infrastructure, hygiene amenities, waste-disposal systems, accessibility features and overall facility layout. They are intended to guide architects, engineers, school administrators, local authorities, development partners and implementing organisations involved in planning or improving MHH-supportive environments.

Table 10: Technical specifications for the design, construction and upgrading of MHH facilities according to UNICEF standards.

1. Girls' changing room should have the dimensions 1500 mm × 1800 mm inside, including other basic amenities, such as a water facility, tap, shower, handwashing basin, waste collection bin with a lid and liner, pad box, hooks for hanging clothes, a long mirror (700 mm × 400 mm, fixed at 200–300 mm from the floor) and space for comfortable movement in the room while using the facility.

2. The minimum dimensions for female toilets in institutions and public places should be 1200 mm × 1800 mm.
3. Toilets for girls and women with disabilities should also be provided with facilities to cater to their MHH needs, including a waste bin and a pad box for emergency pads.
4. Women and girls should be involved from the early stage of design and construction of female toilets.
5. The room should have windows (600 mm × 1200 mm) to allow light and ventilation and lockable door from inside and outside for privacy.
6. For the attached burning chamber with chute, there should be an airtight cover to prevent smoke.
7. A separate burning chamber should be positioned in such a way girls can access it easily. Planning for its position should take into account the wind direction.
8. Handwashing basin can be fixed inside the MHH room or outside the room depending on resources available and the convenience of users.

8.5 MHH facilities for people with disabilities

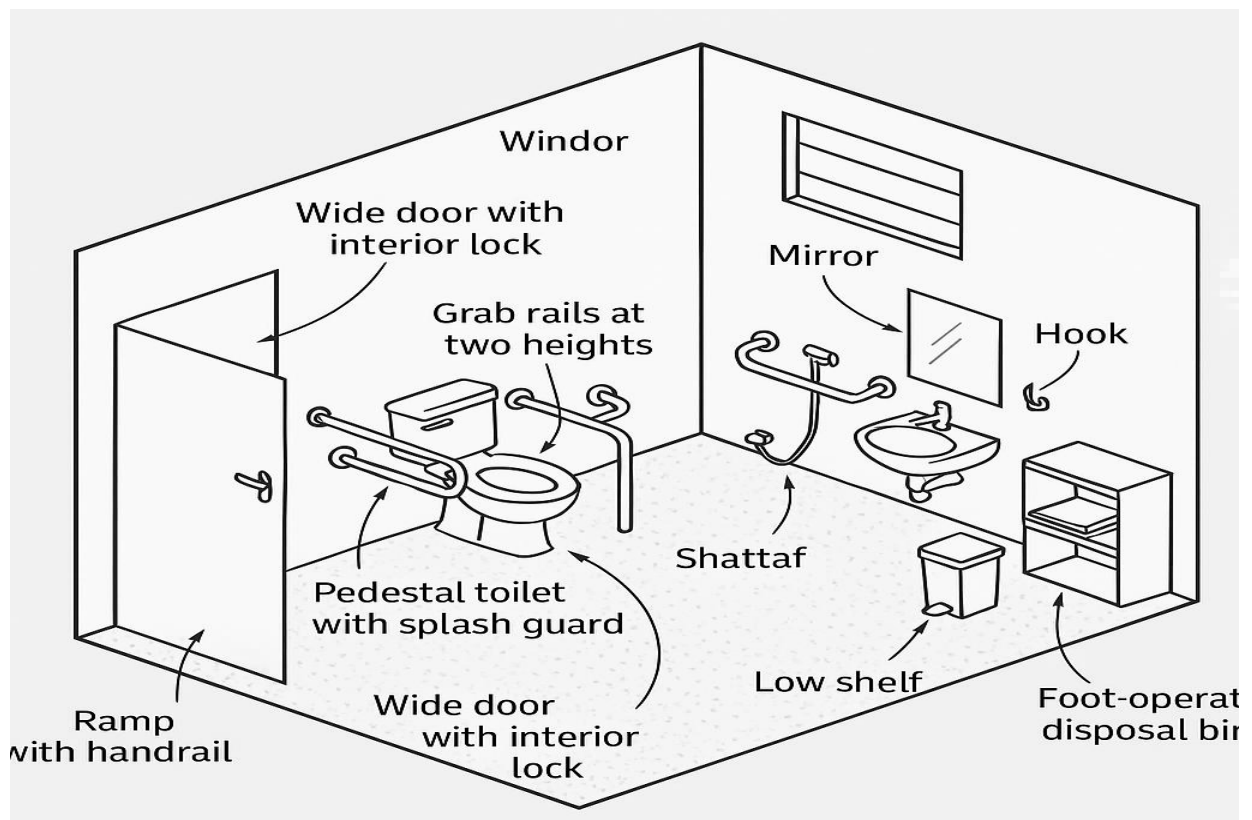
All schools, workplaces and public facilities in Botswana should ensure that at least one toilet is fully accessible to women and girls with disabilities, in accordance with inclusive education, WASH and accessibility standards. Such facilities must be designed to accommodate the diverse functional needs of users, recognising that girls and women with disabilities face heightened barriers in managing their menstrual health safely and with dignity.

A disability-friendly toilet should incorporate several essential features. These include a ramp with appropriate gradient, fitted with handrails on both sides to support independent mobility, and clear, visible signage using large fonts, pictograms and high-contrast colours to guide users. The toilet compartment must include a pedestal flush toilet with a splash guard, along with sufficient internal space to allow manoeuvring of a long or wide wheelchair. A wider, outward-opening and lockable door is required to ensure safe access. The facility should provide easy access to water for cleansing, a handwashing station, and a sanitary disposal bin for used menstrual materials. Adequate lighting and ventilation are particularly important to support users with low vision and ensure a safe and comfortable environment.

Additional provisions are required to meet the needs of girls and women with varying disabilities. These include a raised toilet seat, double-level grab rails both along the approach pathway and inside the toilet unit, as well as tactile indicators or Braille stickers for visually impaired users. MHH-related amenities such as soap, water taps, pad boxes, shelves and hooks should be positioned at accessible, low heights so that they can be reached easily by users seated or using mobility aids. Where needs differ, such as between wheelchair users and those who crawl or transfer differently, toilet seat heights and support structures should be adapted accordingly. In contexts with severe water scarcity, specially designed seats made of durable materials such as wood may be used to ensure safe menstrual management for users who cannot squat or stand comfortably.

The accompanying sketch illustrates the recommended layout for an inclusive MHH-friendly toilet or changing room. This includes a pedestal toilet with a cleansing device (shattaf), tiled walls for ease of cleaning, a window for airflow, a drainage outlet for wastewater and clearly marked MHH amenities. The design aims to ensure that all girls and women including those with physical, sensory or mobility impairments can manage menstruation independently, safely and with dignity (Figure 8).

Figure 8: Basic MHH room requirements for people living with disability



8.6. Facilities for the management of used menstrual products

Used menstrual products by nature are highly infectious and therefore its handling, such as collection, storage, transportation and disposal, should be safely managed. However, girls and women often do not prefer others to see their used menstrual products, thus limiting the usefulness of collection, transportation and disposal systems. Disposal mechanisms must be discreet if they are to be used and consultation with girls and

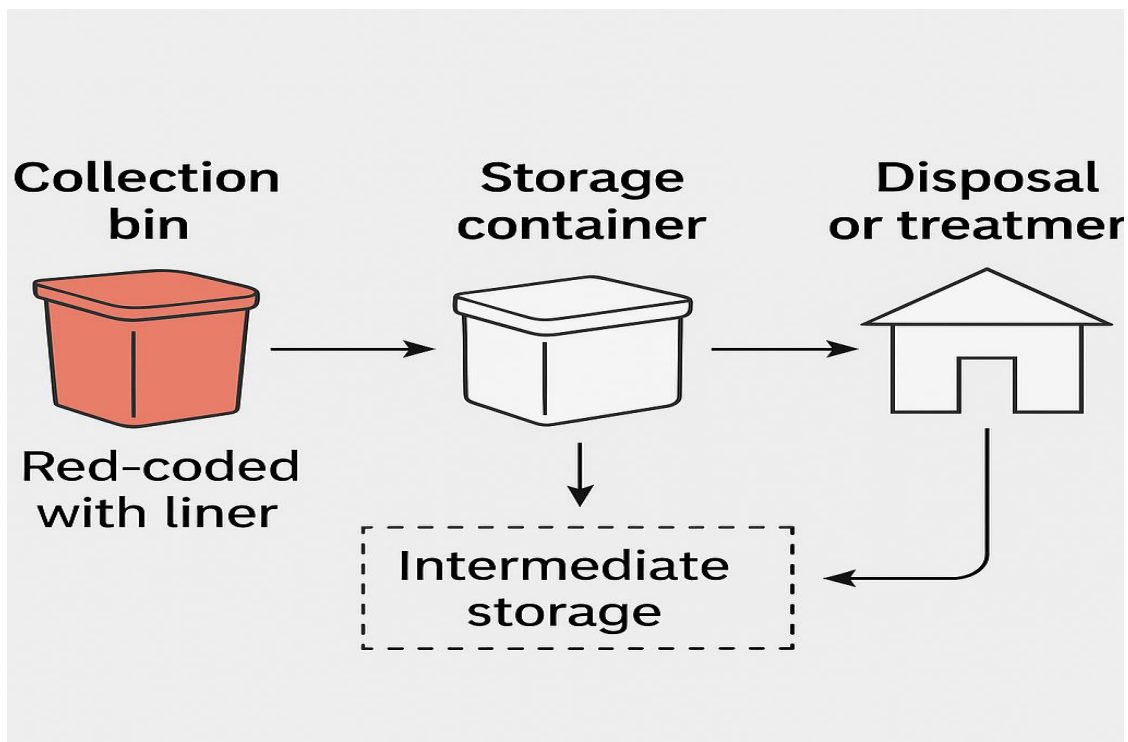
women is essential to achieving an effective waste management system (Sommer et al. 2017).

Facilities for the disposal of used menstrual products should comply with the Clinical Waste Management Guidelines, as menstrual waste is considered a form of sanitary waste that may contain blood and other bodily fluids. Proper handling and disposal systems are therefore essential to prevent environmental contamination, reduce odour and insect nuisance, and minimise risks to cleaners, waste handlers and the broader community. Botswana's guidelines emphasise the need for clearly designated disposal points, the use of colour-coded and lined bins, safe temporary storage, and appropriate final disposal methods such as incineration, deep burial or off-site waste treatment. These requirements apply not only in health facilities but also in schools, workplaces, public toilets and community settings where large volumes of soiled sanitary materials may be generated (Ministry of Health, 2012).

8.7. Collection and storage of used menstrual products

The criteria for collection and storage of used menstrual products vary depending on volumes of waste generated in all the settings. In public places, the commonly used facilities for collection and storage should include bins or closed containers. These should be provided with red-coloured liners and a well fitted lid and a provision of personal protective equipment for the collection, transportation and disposal. The bin should be clearly labelled. In institutions, a stand-alone bin may be used or a direct drop/chute to the disposal system. Waste collectors/handlers should be trained, medically examined and vaccinated after six months to ensure their safety (Figure 9).

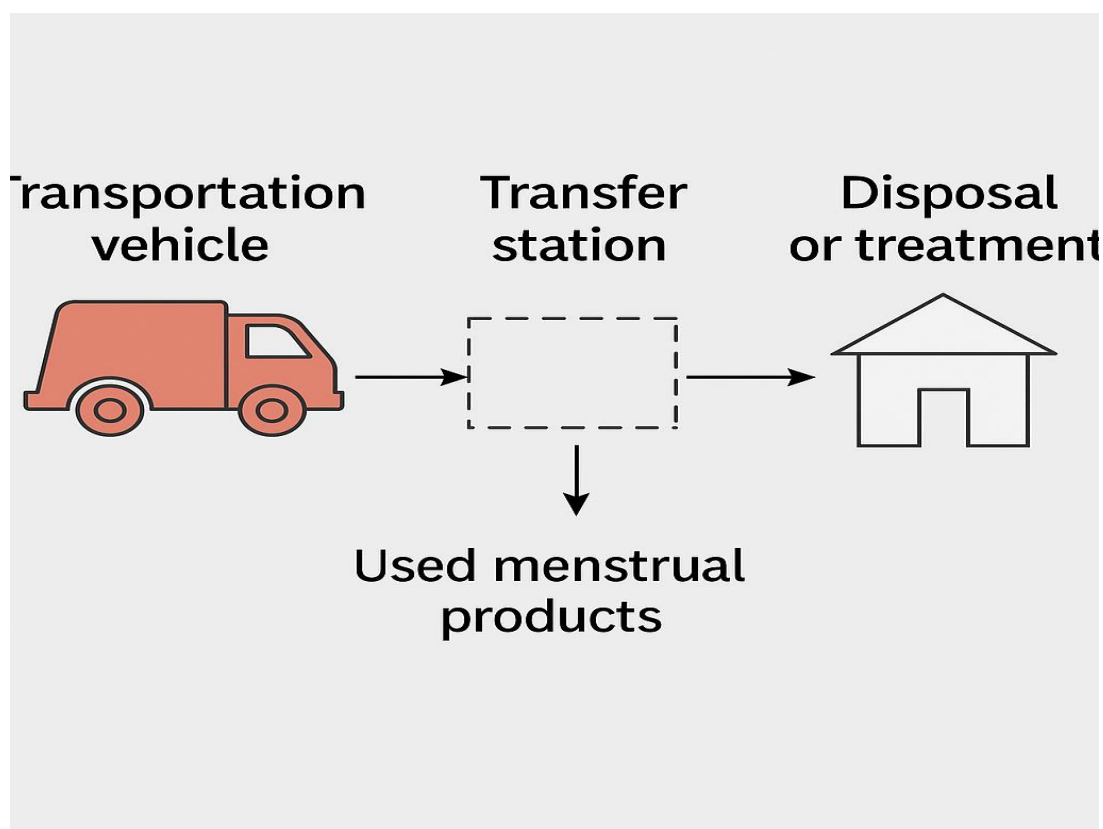
Figure 9: Basic process for collection and storage of used menstrual products



8.8. Transportation and disposal of used menstrual products


This stage is important to ensure the environment is clean and safe. Segregation of waste should be encouraged from the point of collection to transportation and disposal. The operators of waste collection should have separate containers to keep used menstrual products safely and dispose them of at the designated place or link with health care facilities for incineration. The disposal options for used menstrual products vary from traditional to high-tech. It is encouraged to use eco-friendly and affordable technologies for treatment and disposal of used MHH materials and products (Figure 10).





Figure 10: Basic process of transportation and disposal of used menstrual products







Different options are provided in Table 11, with the recommended use for each option. For wastewater from washing of MHH materials and bathing, there should be a protected or closed drainage to the soak pit to reduce the health risk associated with contaminated water.

Table 11: Disposal facilities for used menstrual products

Disposal options	Specification/features	Applicable area			
		Rural setting	Urban setting	Schools	Public places
Deep burial 	A pit can serve for two years and once filled, another pit can be dug and used. A pit should be dug a minimum of 7 metres from the water source, including hand pumps, tube wells, open wells, ponds, reservoirs and rivers.	√	X	X	X
Composting	Deposit the waste (used pads and cloth)	√	X	X	X

	<p>along with leaves, other wet biomass and dung slurry. Additional materials should be added every time it is used when cloths and napkins are disposed of. Cover the material with a layer of soil.</p>				
<p>A burning chamber</p> 	<p>A burning chamber, detached from toilet block with a chute connection to the toilet building, for dropping of used MHH materials. Burning is done in the chambers outside.</p>	X	X	√	X
<p>Incineration/burning Burning in a customized drum</p> 	<p>Burning can be done in a customized metallic drum with holes to allow more effective burning. The drum may undergo wear and tear; therefore, it should be monitored and changed.</p>	X	X	√	√
<p>A burning chamber attached to the building</p> 	<p>An option of a burning chamber, attached to the toilet block with an airtight opening from inside the toilet for dropping of used MHH materials. Burning is done in the chambers outside</p>	X	X	√	X
<p>Stand-alone burning chamber</p>	<p>An option of a standalone burning chamber. The waste has to be carried in a collection bin from the toilet for burning.</p>	X	X	√	X

						
<p>Disposal chute and composting pit</p> 		<p>This is a simple model. It is used for schools with an unlined pit. The design uses a steep 60-degree chute, made from a six-inch PVC pipe, leading from the hole in the cubicle to a pit.</p>	X	X	√	X
<p>Electric incinerators</p> 		<p>These can be adapted for girls' hostels, training centres and women's association centres, depending on the number of women and girls residing in or working in the location. There are more innovations of high-tech incinerators for the disposal of used menstrual products.</p>	X	X	√	X
<p>Offsite disposal</p> 		<p>This is a commonly used method, where collection is done with other waste by service providers, often in urban areas. Another example is from workplaces. Applicable area. In this case, the waste should be transported as a hazardous waste stream and disposed of at hazardous waste treatment facilities.</p>	X	√	√	√

8.9 Operation and maintenance

The effective operation and maintenance of MHH facilities must be integrated into the broader management of all WASH infrastructure within an institution or community. MHH systems cannot function sustainably in isolation; they rely on the same operational structures, maintenance procedures and service standards that support water supply, sanitation and hygiene services overall. Operation and maintenance therefore encompass routine upkeep, timely minor repairs and corrective actions needed to address faults as they arise. To ensure that MHH facilities remain functional, safe and reliable over time, several key considerations must be prioritised, including the following:

1. Schools and institutions should implement a monthly or quarterly inspection checklist to assess the condition of all sanitation, water and menstrual waste-disposal systems. This should include checking for blockages, leaks, damaged fittings and any malfunctioning components, followed by timely repairs to maintain full functionality.
2. A dedicated maintenance budget should be established to cover essential items such as toilet-cleaning tools, soap, disinfectants, general cleaning materials, personal protective equipment (PPE) for caretakers and a basic supply of menstrual products for emergencies. This funding should be planned for within institutional operational budgets or through local authority support.
3. Caretakers in public places and institutions should receive training, supervision and clear guidance on the correct procedures for maintaining MHH-supportive facilities. They must also be equipped with appropriate PPE such as gloves, aprons and masks to ensure their safety while handling menstrual waste and cleaning sanitation areas.
4. In high-traffic public spaces, institutions may use public-address systems or loudspeakers to provide periodic reminders about proper use of sanitation facilities, including correct disposal of used menstrual products. This approach supports positive behaviour reinforcement, particularly in bus ranks, markets, stadiums and other busy environments.
5. Clear, visible posters and signage should be displayed near toilets and handwashing stations to guide users on proper hygiene practices. Messages should include

reminders to flush the toilet, leave the cubicle clean, wash hands with soap and avoid disposing of menstrual pads or other waste in the toilet bowl. Materials should be simple, culturally appropriate and accessible to people with disabilities.

Figure 11: Proposed framework for operation and maintenance of MHH facilities in Botswana



Figure 11 presents a structured framework that outlines the essential components required to effectively operate and maintain Menstrual Health and Hygiene (MHH) facilities across Botswana. It identifies ten interconnected pillars that ensure sanitary environments remain functional, accessible and supportive of the dignity of women and girls in schools, health facilities, workplaces and public spaces.

The first element, Governance and Institutional Responsibilities, highlights the need for clear roles at national, district and facility levels. This ensures coordinated planning, budgeting, monitoring and oversight of menstrual health infrastructure in line with Botswana’s WASH and public health standards. The second component, Routine Operation & Cleaning Procedures, emphasises everyday tasks such as cleaning toilets,

replenishing supplies and maintaining menstrual hygiene amenities to ensure facilities remain safe and hygienic for users.

Complementing routine operations is a dedicated category for Routine Operation & Repair Procedures, which focuses on addressing minor and major repairs. This includes fixing leaks, faulty doors, damaged handwashing stations and other issues that could compromise the usability of MHH facilities. Waste Management and Disposal is another critical pillar, outlining the need for safe handling, transportation and disposal of used menstrual products. This supports Botswana's waste management regulations and promotes safe environmental practices.

The framework also highlights Water, Hygiene and Accessibility Requirements, reinforcing the necessity of uninterrupted water supply, soap availability and accessible spaces, particularly for girls and women with disabilities. Similarly, Supply Chain and Stock Management ensures that menstrual products, cleaning agents and hygiene supplies are procured, stored and monitored effectively, preventing shortages and ensuring consistent access.

To ensure long-term sustainability of MHH services, the framework includes Hand Hygiene and Accessibility Requirements, which focus on the placement of handwashing stations, availability of soap and ensuring that all facilities are user-friendly. The Capacity Building and Training component recognises the importance of equipping caretakers, teachers, health workers and technicians with the skills needed to maintain MHH systems and support users appropriately.

Finally, Sustainability Measures emphasise the use of durable facility materials, preventive maintenance practices and long-term planning. These measures ensure that MHH services remain reliable and fully functional, particularly in rural and resource-constrained areas.

Overall, this framework serves as a practical and comprehensive guide for institutions and local authorities in Botswana, illustrating the multi-layered processes and responsibilities required to maintain MHH facilities that uphold safety, equity and dignity for all women and girls.

CHAPTER 9: MONITORING AND EVALUATION

9.1 Introduction

Monitoring and evaluation (M&E) will play a critical role in ensuring that menstrual health and hygiene (MHH) services in Botswana are effective, equitable and sustainable. The purpose of M&E is to track progress, identify gaps and challenges, and support the development of practical, evidence-based solutions that strengthen MHH implementation nationwide. Botswana's MHH M&E approach need to emphasise the use of existing Integrated Health Service M&E Strategic Plan and Health Data Roadmap, to guide its M&E, reduce duplication, minimise new investments and promote coordinated data flow across cognate sectors. Information is gathered and analysed through established operational levels. The M&E framework further identifies standard indicators and outlines data collection, reporting and analysis processes for the five core pillars of MHH, ensuring that stakeholders have reliable, timely and actionable insights to inform programme improvements.

- (i) inclusive knowledge and skills
- (ii) social support
- (iii) quality materials and products
- (iv) supportive infrastructure and facilities and
- (v) effective stakeholder engagement.

9.2 Related monitoring and evaluation context

Table presents the national monitoring and evaluation (M&E) frameworks that provide opportunities to integrate menstrual health and hygiene (MHH) indicators into existing systems. To strengthen accountability and avoid establishing parallel reporting structures, national and district focal points should review these frameworks carefully and determine how MHH monitoring can be incorporated within current government information systems. In collaboration with the relevant ministries, local authorities and institutional officers responsible for data management, coordinators should guide the selection of appropriate MHH indicators and support the development of clear

processes for data collection, analysis and sharing. This approach ensures that MHH is embedded within Botswana’s broader health, education and social protection monitoring systems, promoting more coordinated and evidence-based decision-making.

Table 12: Monitoring and evaluation databases of the key sectors

Sector	Existing Monitoring and evaluation frameworks
Health	<ul style="list-style-type: none"> ▪ Health Management Information System (HMIS) ▪ District Health Information Software 2 (DHIS2) ▪
Education	<ul style="list-style-type: none"> ▪ Education Management Information System (EMIS). ▪ School Infrastructure and Facilities Database ▪ Learner Welfare and Support Services Database ▪ School Health Programme Records
Water	<ul style="list-style-type: none"> ▪ National Water Information System (NWIS) ▪ Rural Sanitation Management System (RSMS) ▪ Water Utilities Corporation (WUC) Operational Monitoring System
Local Government	<ul style="list-style-type: none"> ▪ District and Urban Council Management Information Systems ▪ Environmental Health Inspection and Surveillance System ▪ Local Authority Waste Management Database
Community Development	<ul style="list-style-type: none"> ▪ Community Development and Social Welfare Information System ▪ Village Development Committee (VDC) and Community Reporting System ▪ Disaster and Emergency Management Reporting (District DRM Platforms)

9.2. Guiding principles on MHH: Monitoring and evaluation at the national level

To ensure harmonisation and complementarity of menstrual health and hygiene (MHH) monitoring across sectors in Botswana, several key guidelines should be followed. First, a minimum set of nationally relevant MHH indicators such as;

- (i) access to approved menstrual materials,
- (ii) availability of female-friendly toilets that meet national standards, and
- (iii) access to running water and soap for menstrual hygiene should be integrated into established national surveys and routine data systems

These include platforms such as the Education Management Information System (EMIS), Health Information Management System (HIMS), environmental health reporting tools and relevant national household surveys such as the Botswana Multi-Topic Indicator Survey (BMTIS), Botswana Demographic Survey (BDS), and quarterly surveys by Statistics Botswana. The inclusion of these indicators will enable Botswana to track national progress on MHH and contribute to reporting on Sustainable Development Goals (SDGs).

Sectoral planning and M&E departments, working closely with user departments at national and local government levels, should facilitate the integration of MHH indicators into their respective databases. This ensures that MHH is monitored consistently across the education, health, water, sanitation, local government and social welfare sectors. Water-supply monitoring systems operated by the Water Utilities Corporation (WUC) and District Councils should similarly be aligned to allow disaggregation of institutional users such as schools, clinics, workplaces and public facilities to assess the adequacy of water access for menstrual hygiene management in both rural and urban settings.

Botswana should establish a sector-wide MHH dashboard using an appropriate national information management platform. This dashboard must be supported by clear data-sharing arrangements across ministries, councils and partners to enable collective analysis and coordinated reporting. Such collaboration will strengthen decision-making and ensure the visibility of MHH across government systems.

MHH focal points and sector coordinators at national and district levels should work with National Planning Commission, Statistics Botswana, Environmental Health and Education Support Services departments to identify relevant indicators and ensure they are incorporated into sector databases. Furthermore, all multisectoral stakeholders including NGOs, development partners, private-sector actors and community-based organisations should share MHH-related monitoring and evaluation data with the Ministry of Health, which serves as the lead sector for national-level coordination and oversight of MHH reporting.

9.3. Monitoring and evaluation functions of MHH focal point and coordinators

The MHH focal point plays a central role in coordinating all menstrual health and hygiene monitoring and evaluation (M&E) activities at the national level, working in close collaboration with the Ministry of Health's central M&E unit. At the sectoral level, national MHH coordinators within each ministry such as MCWBE, MLGTA, Water and Human Settlement are responsible for overseeing M&E functions within their respective sectors, ensuring alignment with national standards and effective collaboration with ministry-level M&E teams.

At district and local authority levels, MHH coordinators should be tasked with guiding M&E activities for programmes implemented within councils, schools, clinics and communities. They maintain accurate records, consolidate data from institutions and relay this information to national structures for analysis and decision-making.

Across these levels, MHH M&E responsibilities include a combination of data collection, indicator tracking, quality assurance, reporting, coordination with multisectoral partners and ensuring that MHH data contributes meaningfully to national planning and policy processes.

Example of M&E Activities at National Level

1. Develop and maintain both electronic and paper-based MHH data-collection tools to support routine monitoring and reporting across all implementing sectors.

2. Establish a national monitoring schedule and design harmonised reporting templates for monthly, quarterly, semi-annual and annual reviews.
3. Lead the coordination of process evaluations, mid-term reviews and impact assessments for national MHH programmes and projects.
4. Facilitate national consensus on priority MHH indicators and data variables to ensure alignment across ministries, councils and partners.
5. Oversee the documentation of lessons learned and best practices, and support the production of national reports, technical briefs and publications for local and international dissemination.

Example of M&E activities for all levels

1. Conduct baseline assessments and situational analyses to understand current MHH practices, facility conditions and service gaps across Botswana.
2. Align the national MHH M&E framework with programmes implemented by government, development partners and NGOs to ensure consistency in reporting.
3. Coordinate ongoing capacity-building activities, including training on MHH data management and use of M&E tools.
4. Facilitate quarterly multisectoral MHH review meetings at district and national levels, bringing together government departments, civil society organisations, development partners, academia, funders and traditional leaders.
5. Provide guidance and supportive supervision to officers responsible for MHH across sectors such as public health, education, water and sanitation, community development, labour, social protection and local authorities to strengthen data collection, information sharing, operational planning and evidence-based decision-making.

9.4 How to monitor MHH indicators

A set of priority MHH indicators has been identified to assist planners and implementers across Botswana in designing, budgeting for and monitoring menstrual health and hygiene programmes. These indicators are intended to draw the attention of government

ministries, district councils, schools, health facilities and community-based organisations to the key elements required for effective MHH service delivery. By using a standardised set of indicators, Botswana can compare progress across districts and sectors, ensure consistency in reporting and strengthen the integration of MHH within national monitoring systems.

The indicators are deliberately broad so they can be adapted for use at multiple levels of Botswana’s governance structure, from individual schools and clinics to communities and district councils, up to national ministries. They are suitable for a wide range of programme settings, including government-led initiatives, NGO projects, development partner interventions and community-driven programmes. Since these indicators reflect the full scope of menstrual health, covering materials, facilities, knowledge, social support and waste management, they provide a comprehensive foundation for monitoring progress toward improving menstrual dignity and wellbeing across the country.

Table 13: List of indicators for MHH monitoring and evaluation

1. MHH Pillar: Knowledge

Setting	Indicator
School	% of students (boys and girls) who have received menstrual health education in primary and secondary school.
School	% of girls who knew about menstruation before their first period (menarche).
School	% of girls with correct knowledge of the menstrual cycle.
School	% of students who understand key nutritional needs during adolescence.
School	% of girls with correct knowledge about menstrual pain and discomfort.
School	% of girls able to manage menstrual pain during their last period.
School	% of schools providing menstrual health education from age 9.
School	Presence of pre-service or in-service teacher training on MHH.
School	% of schools with at least one teacher trained to teach MHH.
School	% of schools with MHH teacher guides/manuals.
School	Presence of a formal MHH curriculum at primary and secondary levels.
Workplaces & Institutions	% of workplaces/institutions with a designated focal person for women’s menstrual-related needs.

Workplaces & Institutions	% of workplaces/institutions with leaders trained/oriented on MHH.
Workplaces & Institutions	% of workplaces/institutions with MHH education and behaviour-change materials.
Communities	% of women aware of menstrual product management and disposal arrangements in their community.

2. MHH Pillar: Materials and Supplies

Setting	Indicator
School	% of girls who had enough menstrual materials during their last period.
School	% of schools with emergency menstrual products available for learners.
Institutions/Public Places	% of facilities providing emergency access to menstrual products.
Communities	% of menstruators who had enough menstrual products during their last period.
Communities	% of women and girls with access to approved menstrual products.
Communities	Average distance to the nearest access point for approved menstrual products.
Communities	Number of menstrual product access points within walking distance of households.
Projects/Programmes	Number of menstruators gaining access to MHH products through interventions.
Projects/Programmes	Number of menstrual products registered with regulatory bodies (BOBS, BoMRA).
Projects/Programmes	Types of menstrual products approved by regulatory bodies.
Projects/Programmes	Number of menstrual products locally produced at community/district level.
Projects/Programmes	Number of entities importing menstrual products into Botswana.
Projects/Programmes	Number of approved menstrual products imported into Botswana.

3. MHH Pillar: Infrastructure

Setting	Indicator
School	% of schools with special rooms for girls.
School	% of schools with accessible rooms for girls with disabilities.
School	% of schools with MHH rooms equipped with water, privacy, pad box and waste bins.
School	% of schools with functional menstrual waste-management systems.

School	% of schools with accessible handwashing facilities (water + soap).
Institutions/Public Places	% of facilities with separate toilets for women and men.
Institutions/Public Places	% of facilities with disability-friendly amenities.
Institutions/Public Places	% of facilities with basic amenities in women's toilets.
Institutions/Public Places	% of facilities with menstrual waste-management systems.
Communities	% of households with mechanisms for menstrual waste management.
Communities	% of households with safe drainage/soak pits for ablution water.
Communities (Urban)	% of communities with hazardous waste-disposal systems for menstrual waste.
Projects/Programmes	% of facilities gaining menstruation-friendly infrastructure through interventions.
Projects/Programmes	% meeting minimum female-friendly WASH standards.
Projects/Programmes	% with acceptable systems for safe disposal of menstrual materials.

4.MHH Pillar: Practices and Behaviours

Setting	Indicator
School	% of girls who changed pads in a clean, safe MHH room during their last period.

5.MHH Pillar: SRH Integration

Indicator
Existence of SRH practitioner guidelines covering menstrual health.
% of women with correct knowledge of the menstrual cycle.
% of females receiving MHH information during SRH visits.
% of females accessing menstrual products through SRH programmes.

6. MHH Pillar: Supportive Social Environment

Indicator
% of girls who know whom to approach for menstrual support at school.
% of girls comfortable seeking help for menstrual issues at home/community.
% comfortable seeking help from male guardians/teachers.
% of girls/women who feel comfortable participating in school/work during menstruation.
% who feel comfortable attending social events during menstruation.
% who feel menstruation is not associated with shame or stigma in their community.

% of public toilets with MHH signage and proper disposal guidance.

7. MHH Pillar: Nutrition, Disorders & Discomfort

Indicator
% of schools with referral forms for menstrual-related health issues.
% of schools documenting referrals for menstrual complications.
% of girls/women with correct knowledge of nutrition during menstruation.
% of girls/women able to manage menstrual pain due to knowledge gained.

8. MHH Pillar: Policy

Indicator
National and district budgets allocated for MHH.
Proportion of allocated funds disbursed to schools and community-level services.
% of communities with bylaws regulating proper handling, transportation and disposal of menstrual waste.

9.5 Data analysis, utilisation and sharing

National programmes and projects that support MHH in Botswana should establish appropriate monitoring systems from the design stage, in alignment with the Ministry of Health's Health Information Management System (HIMS) guidelines and other national M&E frameworks. During planning, programmes should select context-relevant MHH indicators, drawn from the national indicator list to ensure consistency, comparability and ease of reporting across sectors. Where applicable, implementers should adapt their routine monitoring tools, including data-collection forms such as questionnaires, observation checklists and reporting templates, to align with approved national formats and electronic data-capture systems used in Botswana's public sector.

To ensure high-quality data collection, analysis, sharing and use, MHH coordinators and all responsible stakeholders should adhere to the following guidance:

1. Use standardized classifications to record and report on all monitored entities, ensuring accurate disaggregation by sex, age groups (e.g., adolescent girls, adult women), and institutional categories such as schools, workplaces, health facilities, markets, churches and other community settings.

2. Incorporate administrative locators from district and local authority structures such as wards, villages and settlements to support meaningful operational-level data analysis and interpretation. This is crucial for tailoring interventions to diverse contexts across Botswana, including rural areas, remote settlements, urban villages and towns.
3. Strengthen data-management capacity at district and local levels by providing M&E officers, social workers, education officers, environmental health officers and other frontline staff with necessary skills and tools. This includes training on data quality assurance, analysis, interpretation and learning. Data aggregation for national reporting should follow Botswana's decentralised system from school or institution to district council, and up to national level.
4. Support the use of data for decision-making by facilitating regular data review meetings, dashboards, and information-sharing forums at district and national levels. This enables cross-sector engagement among ministries, councils, NGOs, development partners and community representatives, ensuring that MHH data informs planning, budgeting and programme adjustments.
5. Ensure that NGOs, community-based organisations and private partners, integrate strong M&E components into their MHH initiatives from the outset and report their results through existing government coordination structures. This promotes sustainability, harmonisation and national visibility of all MHH interventions conducted across Botswana.

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